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The Massachusetts
Comprehensive Health
Curriculum Framework

Building Resilience Through Comprehensive Health



Department of
Education



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About the Cover: The seven-threaded braid was designed to symbolize the interdisciplinary nature of learning. Each thread represents one of the seven disciplines that comprise the Massachusetts Curriculum Frameworks. These are: The Arts (gold), English Language Arts (green), Health (red), Mathematics (dark blue), Science and Technology (turquoise), Social Studies (orange), and World Languages (purple).



The Commonwealth of Massachusetts Department of Education

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Robert V. Antonucci
Commissioner

From the Commissioner

I am pleased to present to you the most recent versions of the Massachusetts Curriculum Frameworks. Since the March 1995 public comment draft, the frameworks have been revised to reflect the advice and thoughtful feedback from thousands of teachers, parents, school leaders, and interested people from across the Commonwealth and nation.

The Massachusetts Curriculum Frameworks represent the first-ever statewide guidelines for curriculum and instruction for the state's public schools. The frameworks are based on sound research and effective practice, and reflect a vision of how classrooms of the future can and should look to assist all students to achieve high standards of excellence. They offer exciting opportunities to challenge and strengthen learning, teaching, and assessment.

I am proud of the work that has been accomplished, and am confident that the input we have received from so many people has made these curriculum frameworks stronger. I want to thank all of you for working with us to create high-quality documents that provide challenging learning standards for all of our students. We will continue to work with you as you implement them in your district.

All seven curriculum frameworks and the Common Chapters represent works in progress. They will continue to be revised as we gain feedback from the field on how to improve them. I encourage you to offer comments on the frameworks so that we can keep them current and vibrant.

Thanks for your ongoing support and cooperation.

Sincerely,

Robert V. Antonucci

Robert V. Antonucci
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Brockton Public Schools Study Group
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**Massachusetts Curriculum Framework
Public Comment Form**

Curriculum Framework: _____ **School District:** _____

This Curriculum Framework was developed to guide school districts in developing purposeful curriculum for all students and to structure schools and professional development that reflects Education Reform. We rely on your feedback and comments as we continue to develop materials and resources to support the implementation of the frameworks.

1. If you are responding as an individual, what is your role in the school district? *(teacher, principal, parent, professional development coordinator, central office administrator, school committee member, business partner,...)*

If this is a group response, note how many members are in your group. Are you an Education Reform Study Group? Are you a collaborative teaching team? School council? Other?

2. What is the purpose of your/your group's work with this framework? How have you been using this curriculum framework?

3. Please rate the sections you have used: **Extremely useful** **Not Useful**

Core Concept	1	2	3	4	5
Guiding Principles	1	2	3	4	5
Habits of Mind	1	2	3	4	5
Classroom Snapshots	1	2	3	4	5
Learning Standards	1	2	3	4	5
Examples of Student Learning	1	2	3	4	5

4. As a result of using this framework, what changes have occurred in your school or district curriculum?

Overall, how would you rate the work that has resulted from using these frameworks?

Extremely valuable		Not Valuable		
1	2	3	4	5

5. Suggestions and comments for making this framework more useful for developing PreK - 12 and ABE curriculum in your school/district.

Please return this comment form to:

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I
Building Resilience
The Comprehensive Health Curriculum Framework
Summary of Revisions

Issue Raised	Action taken, and Rationale for that Decision
1. The document is too wordy.	1. The Introduction, Guiding Principles, and Habits of Mind have been shortened. The committee added a one-page summary, as well as some tables and diagrams.
2. The theme of “Building Resilience” is not clear.	2. After careful consideration, the committee retained the theme of “Building Resilience,” and clarified its definition. To be consistent with the other frameworks, Building Resilience is now the core concept; the three concepts of Health Literacy, Healthy Self-Management, and Health Promotion and Advocacy are now labeled strands.
3. The relationship of health education, physical education, and family and consumer sciences is unclear.	3. Using the title “Comprehensive Health Education” better incorporates the interdependent and collaborative relationship among teachers of health education, physical education, and family and consumer sciences, as envisioned by the committee.
4. The document gives insufficient attention to physical education.	4. Within the Health Literacy Strand, the committee added a new Learning Standard 2 that addresses movement skills and physical education. In addition, more specific attention to physical education, fitness, and physical activity has been included throughout the document, particularly in the grade-level standards and examples of student learning.
5. The document should reflect more adequately the contributions of school psychologists and counselors, and health and social services staff.	5. The committee incorporated more specific attention to the roles of these school-based professionals in providing comprehensive school health education, and in implementing a comprehensive school health program.
6. The document does not specify the range of content areas that are included in comprehensive health education early enough in the text.	6. The list of health content areas on page 35 has been moved forward in order to give clearer knowledge of the scope of comprehensive health education.
7. The document needs to reflect more adequately the current challenges faced by students: sexuality, sexual orientation, drug and alcohol use, violence and abuse, and suicide.	7. More explicit attention to “difficult” or controversial health topics that are meaningful and relevant to students has been added throughout the document. In addition, the learning standards have been revised to be clearer, more age appropriate, with a better balance across the range of content areas.
8. The document does not specify teaching responsibilities or standards for teacher training, or minimum instruction time in health.	8. This should be done at the local level. The guidelines published by the professional associations, as well as Massachusetts laws and regulations, have been cited in the “Getting Started” Appendix.

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Preface

Building Resilience is one of seven curriculum frameworks that, together with the *Charting the Course: The Common Chapters*, lay the foundation for Massachusetts Education Reform in learning, teaching, and assessment. Like its companion Frameworks in the Arts, English Language Arts, Mathematics, Science and Technology, Social Studies, and World Languages, *Building Resilience* was developed by educators, parents, and students working with staff from the Massachusetts Department of Education.

The core concept of *Building Resilience* is that comprehensive health education enables students to thrive, persevere, and maintain a positive attitude and healthy bodies. The *Massachusetts Common Core of Learning*, adopted by the State Board of Education in July, 1994 states: "All students should know basic concepts of human development, mental health, sexuality, parenting, physical education and fitness, nutrition and disease prevention, and understand the implications of health habits for self and society." The Comprehensive Health Curriculum Framework affirms these goals, synthesizes current research, and sets learning standards for students from PreKindergarten through grade twelve and for adult basic education.

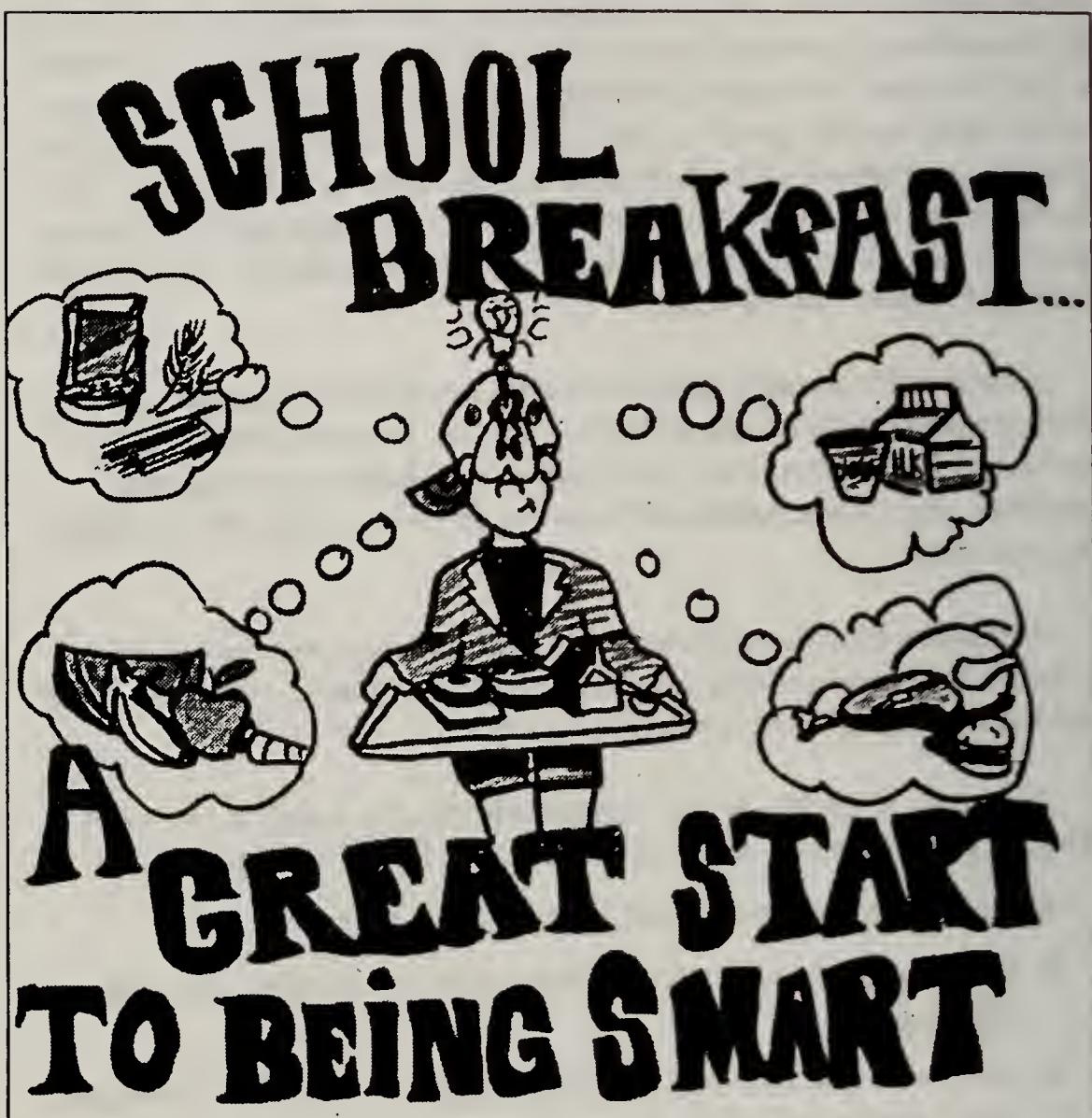
Study in health education, physical education, and family and consumer sciences (home economics) is the foundation of this framework. Teachers of these disciplines are supported by members of the comprehensive school health program including counselors, psychologists, parent coordinators, social workers, nurses, nutrition services staff, and others.

The Guiding Principles of this framework outline ways in which teachers and students become active participants in building school communities which promote the health and well-being of students, families, and staff.

The process of building resilience engages each and every student in three closely linked activities that develop Habits of Mind crucial to lifelong learning.

- Learners actively interpret health information and concepts.
- Learners set goals, assess risks, and demonstrate behaviors that protect and enhance their health.
- Learners use their knowledge and skills to contribute to the health of their peers, school, families, and community.

In the Comprehensive Health Content section, *Building Resilience* presents a broad outline upon which district and school curricula, instruction, and assessments can be based. This section is composed of three interrelated Strands: Health Literacy, Healthy Self-Management, and Health Promotion and Advocacy. Each strand is articulated into Learning Standards with examples of student learning and sample vignettes entitled *How it Looks in the Classroom*. The Comprehensive Health Framework is designed to be used in conjunction with the other six Frameworks and the introductory *Common Chapters*. Together they point the way to coherent, interdisciplinary learning experiences that will benefit students and adults in Massachusetts school communities.



*Jason Boucher
Mary E. Wells Junior High School
Southbridge*



Overview

Overview

Building Resilience: The Massachusetts Comprehensive Health Curriculum Framework

C O R E C O N C E P T

The Core Concept of *Building Resilience* is that comprehensive health education enables students to thrive, persevere, and maintain a positive attitude and healthy bodies. Comprehensive health education teaches fundamental health concepts, promotes habits and behaviors that enhance health, and guides efforts to build healthy families, schools, and communities.

Guiding Principles of Comprehensive Health Education

- I. Comprehensive health education fosters student resilience through the coordinated teaching of health, family and consumer sciences, and physical education.
- II. Interdisciplinary instruction enriches the learning of fundamental health concepts and practices.
- III. Student concerns, interests, views, and ideas are central to active learning and to the classroom assessment of comprehensive health education.
- IV. Comprehensive health education requires collaboration and partnerships among all components of the comprehensive school health program.
- V. Comprehensive health education teaches students to acknowledge and respect similarities as well as differences among people.
- VI. Comprehensive, sequential health education at every level, preschool through high school, is essential to lifelong learning and health for all students.

Habits of Mind

- Commitment to Excellence and Equity
- Respect for Diverse Ways of Perceiving, Thinking, Learning and Communicating
- Reflection and Openness to Suggestions for Change
- Curiosity, Flexibility, Creativity, Sense of Organization, and Persistence
- Willingness to Investigate and Reflect Upon Patterns and Relationships of Ideas
- Acceptance of Personal, Social, and Civic Responsibility
- Sense of Interdependence

Comprehensive Health Content

Strands	Learning Standards
Health Literacy	<ol style="list-style-type: none">1. Students will understand current concepts of health promotion, disease prevention, and risk assessment in relationship to lifelong growth and development.2. Students will develop individual competence and versatility in movement skills, understand movement concepts, and relate physical activity to lifelong health.3. Students will analyze the impact of social, cultural, economic, and environmental factors on health.4. Students will identify, use, and evaluate health information and resources.
Healthy Self-Management	<ol style="list-style-type: none">5. Students will assess health beliefs, attitudes, and behaviors in order to set achievable goals, monitor progress, and evaluate outcomes.6. Students will demonstrate the ability to assess risk, consider potential consequences, and make health-enhancing decisions.7. Students will manage resources and practice behaviors that protect and enhance their physical, intellectual, emotional, and social health.
Health Promotion and Advocacy	<ol style="list-style-type: none">8. Students will communicate health information clearly and accurately.9. Students will promote health and collaborate to build safe and supportive social environments.

Building Resilience

Building resilience in students is the shared responsibility of families, schools, and communities. The aim of teaching comprehensive school health education is to develop and nurture resilience, which is the ability to thrive, persevere, and maintain a positive attitude and healthy body. Resilient students are responsible, taking initiative and weighing risks carefully. They are adaptable and purposeful, even in the face of adversity. By beginning in the early years to educate and promote the well-being of all students, school health programs help them avoid future problems like substance abuse, sexually transmitted diseases, eating disorders, and school failure. Students learn how to develop and maintain their own physical wellness and personal relationships; they discover that health means much more than the absence of disease or the avoidance of danger. Making choices that promote health and well-being can make life more satisfying, productive, and rewarding.

A resilient student, and the adult that she or he will become, possesses problem-solving skills, social skills, autonomy, responsibility, and a sense of purpose and hope. A learner becomes resilient through a complex interaction of protective factors that may be found within the learner and peers, the family, the school, and community.¹ (See *Health Protective Factors*, box, page 60.)

A CLASSROOM SNAPSHOT

Ms. Kuan asks her first graders, "In what ways do other people help us to be healthy?" The discussion elicits a variety of responses: "I get shots at the clinic to keep from getting sick." "My dad packed my lunch today." "My big sister took me to the playground to learn how to shoot baskets, and we got lots of exercise." "My grandma holds my hand when we cross the street."

"You've thought of many ways that other people can help us to be safe and healthy," says Ms. Kuan. "They can help to protect us from getting sick or getting hurt. They can help us to eat well and get exercise. And they can help us feel better — even our pets can do that. Each one of us needs some help from other people, and we can give help, too. When we all try to be helpful to each other, we are happier and healthier."

HEALTH PROTECTIVE FACTORS

Family:

- Significant Relationship with Parents or Caregivers
- Clear Norms
- Clear Rules and Regulations
- Consistent Rituals and Traditions
- Strong Affiliations in Community

School:

- High Expectations for All Students
- Clear Rules and Consequences
- Significant Relationship with Adult
- Inclusive School Climate
- Goal-Directed Behavior
- Competent Role Models
- Guidance of Social Competencies

Community:

- Intergenerational Ties
- Clear Norms
- Respect for Democratic Process and Order
- Clear Rules and Regulations
- Competent Role Models
- External Support Systems

Adapted from
Developing the
Resilient Child
Bonnie Benard, 1991

Students learn that a person's health is influenced not only by individual behavior, but also by interactions with family members, friends, and other community and environmental factors. Through comprehensive health education, schools help students to understand and demonstrate their individual, family, and civic responsibilities to act in ways that enhance health for themselves and others, both now and in the future.

This framework builds on *The Massachusetts Common Core of Learning* which states that all students should:

- Know basic concepts of human development, mental health, sexuality, parenting, physical education and fitness, nutrition, and disease prevention, and understand the implications of health habits for self and society;
- Make informed and responsible judgments regarding personal health, including avoidance of violence, tobacco, alcohol, drugs, teen pregnancy, and sexually transmitted diseases;
- Develop skills and participate in physical activities for personal growth, fitness, and enjoyment;
- Manage money, balance competing priorities and interests, and allocate time among study, work, and recreation;
- Know career options and the academic and occupational requirements needed for employment and economic independence;
- Learn to resolve disagreements, reduce conflict, and prevent violence;
- Treat others with respect and understand similarities and differences among people.

Comprehensive health education includes a broad range of content areas covering knowledge and skills in relationship to the home, school, community, and workplace. These content areas are described further in the Comprehensive Health Content section of this document. (See Figure 2, page 21.) These areas are:

■ community health	■ personal health
■ disease prevention and control	■ personal safety
■ environmental health	■ physical activity and fitness
■ family life	■ resource management
■ healthy relationships	■ sexuality
■ mental and emotional health	■ tobacco, alcohol, and other drug use
■ nutrition	

Current Challenges

Today's students face potential health problems due primarily to the social environment and behaviors that are largely preventable. According to the Centers for Disease Control and Prevention, the major health problems now facing our nation are primarily caused by six types of behavior:

- tobacco use
- alcohol and other drug use
- behaviors that result in unintentional and intentional injuries
- sexual behaviors that result in unintended pregnancy and sexually transmitted diseases, including HIV infection
- dietary behavior, specifically the excessive consumption of fat and calories
- insufficient physical activity.²

Among adolescents there are increasing rates of pregnancy and sexually transmitted diseases. One fifth (20%) of all of the AIDS cases in the U.S. were diagnosed in individuals between twenty and twenty-nine years old; many of those became infected as teenagers.³

A recent survey of Massachusetts high school students noted that these behaviors are highly prevalent among youth in the Commonwealth.⁴ These interrelated behaviors are usually established during youth and persist into adulthood. Besides affecting health, these behaviors impair learning and teaching. Because they are also preventable, they warrant energetic intervention among young people.

Recent research documents the effectiveness of comprehensive health education in improving the health-related knowledge, attitudes, skills, and behaviors of elementary and secondary students dealing with current health problems.⁵ The Comprehensive Health Curriculum Framework, together with the *Common Core of Learning*, provides guidance to schools and communities as they help students to become healthy, resilient, and responsible citizens.

Historical Context

Massachusetts has a tradition of leadership in comprehensive school health education. In 1763, the headmaster of Dummer Grammar School in Byfield "ardently supported" a physical activity program modeled on Benjamin Franklin's recommendations that schools establish physical exercise as one of the primary subjects in the curriculum. In the mid-1800s, state law required physiology and hygiene instruction for all students.

The Normal Institute of Physical Education founded in 1861 by physician and Boston School Committee member Dioclesian Lewis was among the first programs in the nation to prepare teachers of health and physical education. Similarly, Dudley Sargent's School of Physical Training, started in 1878 at Harvard University, graduated more than 7,000 health and physical education teachers who served schools nationwide.

Two alumni of Sargent's school, Luther Gulick and Thomas Wood, had a major influence on education. Both held degrees in physical education and medicine. Gulick went on to direct Physical Education at Springfield College and influence the development of the YMCA, the "play" movement in early education, and the teaching of physical education worldwide. In 1911, Wood organized the Joint Committee on Health Problems in Education. For more than twenty-five years, he chaired this collaboration of the National Education Association and the American Medical Association that laid the groundwork for health education in our nation's schools.

The first school health services in the United States were begun in Boston in 1894. In 1906, the nation's first School Health Law was passed by the Massachusetts Legislature.

Boston philanthropist Mary Hemenway played a key role in health education, physical education, and family and consumer sciences. With Amy Morris Homens, she organized the first national conference of the Association for the Advancement of Physical Education in 1889 at the Massachusetts Institute of Technology. Hemenway founded the Boston Normal School of Gymnastics, a school which became nationally famous for preparing teachers of health and physical education until it merged with Wellsley College in the 1930s. Hemenway also donated funds to start the program in family and consumer sciences (then home economics) at the institution that was to become Framingham State College.

In 1909, MIT Professor Ellen H. Richards founded the American Home Economics Association (now the American Association of Family and Consumer Sciences). During the early 1900s, home economics students were taught family and community health together with household management.

The (then) Harvard-MIT School of Public Health undertook the Malden Study in 1921, based on a pilot study in Somerville, "to see if the health habits of children could be influenced measurably." The longitudinal study, with experimental and control groups, followed students in grades 4-6 through succeeding grades, and concluded that "The health education program proves to be a sound, practicable and acceptable public school procedure. Definite improvement in health habits was shown."⁸

In 1922, Abigail Adams Eliot assumed directorship of the Ruggles Street Nursery School in Roxbury. Based on the public health model of British Infant Schools, its program was among the first to integrate health instruction. Eliot's innovation was to provide classes for families to learn about parenting, child development, and related health issues. Her concern for health education for children and families has meant its incorporation in state and national programs for which her school has served as a model; these include the Kaiser Corporation's preschools and Head Start.

In intervening decades, the Commonwealth has continued to provide many examples of leadership in school health education and services, physical education, and family and consumer sciences. Renewed collaboration between these disciplines builds comprehensive health programs that can help students and their families deal with current health challenges.

The Guiding Principles of Comprehensive Health Education

The following principles guide teaching and learning in comprehensive health education.

Guiding Principles of Comprehensive Health Education

- I.** Comprehensive health education fosters student resilience through the coordinated teaching of health, family and consumer sciences, and physical education.
- II.** Interdisciplinary instruction enriches the learning of fundamental health concepts and practices.
- III.** Student concerns, interests, views, and ideas are central to active learning and to the classroom assessment of comprehensive health education.
- IV.** Comprehensive health education requires collaboration and partnerships among all components of the comprehensive school health program.
- V.** Comprehensive health education acknowledges and respects similarities as well as differences among people.
- VI.** Comprehensive, sequential health education at every level, preschool through high school, is essential to lifelong learning and health for all students.

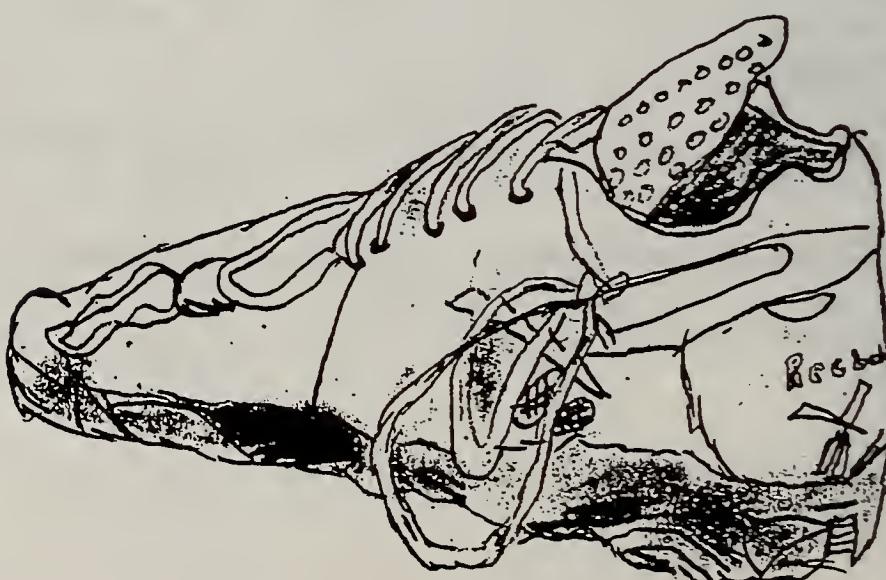
Guiding Principle I

Comprehensive health education fosters student resilience through the coordinated teaching of health, family and consumer sciences, and physical education.

Comprehensive health education includes a range of health education content areas. It also incorporates substantial portions of the disciplines of family and consumer sciences (home economics) and physical education. These three subjects are interdependent. How these disciplines are taught, how they are integrated, and the ways in which their teachers collaborate, will necessarily vary across school districts because of scheduling, staffing, and educational priorities at the local level.

The field of Family and Consumer Sciences (Home Economics) is concerned with the strength and vitality of families, and the role of individuals in the workplace and as consumers of goods and services. Education in this discipline teaches knowledge and life management skills related to:

- human growth and development
- parenting, child development, and family living
- personal and family health and safety
- nutrition
- household management
- careers and employment
- consumer awareness
- using technology
- textiles and apparel
- resource and environmental management



Sneaker

Peter Munoz, Grade 5,
Scituate Public Schools

The discipline of Physical Education addresses cognitive, social, and physical development. Physical Education programs are designed to help students:

- develop concepts of body and spatial awareness
- acquire and refine a variety of manipulative, locomotor, and nonlocomotor movement skills
- develop competence in specific movement forms
- demonstrate strategies, teamwork, and fair play in sports and cooperative games
- design and maintain personal fitness programs
- understand and value the benefits of regular physical activity
- link movement activities with opportunities for self-expression and appreciation of diverse cultures
- exhibit a physically active lifestyle

Health Education provides a foundation in public health and medical knowledge and inquiry into how individuals and societies acquire and/or change their health-related knowledge, attitudes, and behaviors. Within the broad range of health content areas (see Figure 2, page 21), students learn much more than factual information. They develop skills in finding and evaluating information and resources; making decisions and setting goals; and acting in ways that promote their own health, and the health of others.

Ideally, the relationship among these three interdependent disciplines is dynamic, interactive, and mutually supportive. Each area brings its specific content and perspective; together they develop students' knowledge, skills, and habits of mind and body that are essential to managing healthy lives.

Guiding Principle II

Interdisciplinary instruction enriches the learning of fundamental health concepts and practices.

Comprehensive health education is inherently interdisciplinary. It encompasses health education, physical education, and family and consumer sciences. Collaboration just among these three fields can present creative challenges and substantial rewards.

REFLECTIONS FROM A MASSACHUSETTS STUDY GROUP

"We were interested in the interdisciplinary approach suggested in this chapter. As a result of reading this framework we decided to approach the family and consumer sciences department and the physical education department. We are already working with the counseling department and the food services department. Together we hope to do some interdisciplinary planning in order to implement a comprehensive health framework."

Chicopee Study Group

Comprehensive health education is also related to other disciplines in many ways. For example, health information that is based on scientific and quantitative research is clearly linked to math and science and technology. When it focuses on the quality of human relationships and personal well-being, it is connected to social studies. Because it is concerned with practicing movement and behavioral skills, it has natural affinities with the performing arts. Communication skills, such as active listening, reflecting, and accurate reporting, draw heavily on English language arts. Conversations in world languages classrooms often include discussions of food, families, and household management, vocabulary of directional movement (up, down, under, between, near, outside), and physical activities and sports.

REFLECTIONS FROM A MASSACHUSETTS STUDY GROUP

"Our vocational high school students, with the support of staff members, organize the clean-up of downtown, as well as beautifying our school grounds. The culinary arts curriculum devotes several units to health, including safety, personal hygiene, sanitation, food-borne illnesses, menu planning, and nutrition. Our newest endeavor is an attempt to bridge the gap between our students and the elderly by inviting several senior citizens to lunch at our student-operated restaurant each month. They are accompanied by students and welcomed to tour our facilities. Hopefully this will build strength and trust in our community. Health CAN be taught and learned in many different classrooms and disciplines."

Lowell Vocational Technical School Study Group

Student concerns, interests, views, and ideas are central to active learning and to the classroom assessment of comprehensive health education.

When comprehensive health instruction responds to student concerns and perceptions of risks, it teaches students to inquire, reason, and solve problems. By basing instruction on an accurate assessment of the range and levels of student knowledge, and building curriculum around student questions, health educators equip students to face very real challenges in their everyday lives. Scare stories and blanket admonitions about "responsibility" are insufficient to help students to assess risks rationally or make health-enhancing decisions.

Using Students' Questions and Concerns In Planning Health Lessons

Listening carefully to students' questions can tell us a great deal about their level of understanding. Questions can reflect myths and incorrect information as well as a student's individual struggle to make sense out of competing claims. Frequently it is necessary to rephrase a question in order to clarify its intent. Discussion needs to validate students' efforts to make sense of previously unexamined aspects of their lives.

Student surveys can help educators identify what students already know about health-related topics, and what further information and skills students feel they need at various levels. When Massachusetts high school students were surveyed about sexuality education, a significant percentage requested that sexuality education start earlier in the elementary grades and extend through senior year. These students felt that they needed to learn about sexuality in different ways at various grade levels as their general understanding broadened and their questions evolved.⁷

At all age levels, students need help in dealing with some degree of peer pressure or fears of what others will think of them if they voice their questions and concerns. Teachers can arrange for students to use written questions and to follow ground rules for discussion that guarantee confidentiality. For example, adolescents who are experiencing anxiety or confusion concerning sexual orientation need techniques that ensure anonymity.

When classroom assessment evaluates complex, active learning, it serves to improve instruction. Teacher observations, videotapes, role plays, group presentations, student portfolios, and community projects are some of the assessment strategies that give teachers, students, families, and communities a full understanding of learning in progress.

"Deciding to avoid a risky behavior or not to put myself in a dangerous situation is different from just saying 'no'. When I weigh the risks and make a conscious decision, I take more responsibility for my life and actions. Knowing that I can make a decision and stand by it makes me feel good about myself. Then I'm even less likely to do something I'll regret later.

**Massachusetts
High School Senior**

Early one spring morning, waiting for health class to begin, Pedro remarked, "Just think, next year we'll be in eighth grade, and we'll be the big kids here."

"Yeah, and we can boss around all the little kids." Jack grinned at the prospect. "Remember how scared we used to be of the eighth graders? And this school seemed so huge."

"My sister was in that class," added Mario, "so I knew some of them — but they hardly ever said anything to me in school."

Mr. Chang postponed his planned discussion of peer pressure and alcohol use, and instead asked, "What would have made this place feel more welcoming when you first came?" After a short pause, there was a rush of answers.

"Well, I'd never been inside the building before. I didn't know what to expect."

"Everyone else seemed to know people. The kids from my elementary school were all in other classes, and I felt lost."

"I didn't dare use the bathroom, because I'd heard kids did drugs in there."

"I didn't even know where the bathroom was, and I was too scared to ask anyone."

As the class came alive with memories, suggestions began to emerge: The incoming sixth graders should have a tour of the building in the summer before school starts. Or in the spring, when students and teachers are there. Perhaps they could meet some of the teachers and students. The older students should remember how they felt as sixth graders, and be friendly and helpful.

"That means us. Maybe instead of acting like big shots, we ought to 'adopt' a younger kid and try to help them out..."

"It's not just the sixth graders. That's how I felt when I moved here in the middle of the year."

From this impromptu discussion, the health class developed the idea for a peer helper program for all new students. The class researched and prepared written materials which they presented to the student council. The program was implemented with an expanded mission to make the school more welcoming to everyone. Fueled by their shared memories of uncomfortable experiences, the students became advocates for those who would follow them.

Guiding Principle IV

Comprehensive health education requires collaboration and partnerships among all components of the comprehensive school health program.

Education in all subjects, including health, can be most effective when health is an important priority throughout the school. Health and education are closely interrelated; students who are unhealthy or troubled are students whose learning may not be optimal. In fostering academic achievement and resilience, classroom instruction is supported by all components of a comprehensive school health program (see Figure 1, next page):

- Comprehensive Health Education
 - Health Education
 - Physical Education
 - Family and Consumer Sciences Education
- Food and Nutrition Services
- Health Services
- Psychological and Counseling Services
- Safe and Healthful School Environment
- Health Promotion for Staff
- Family and Community Involvement

When these components are linked in a planned, coherent, mutually supported system, they reinforce health knowledge and skills as well as attitudes and behaviors that help students stay healthy.

Guiding Principle IV

"It must be recognized that healthy bodies are essential to healthy minds and that in order to be ready to learn, students must have proper health, nutrition, and exercise. At all levels of development, but particularly in the early childhood years, physical development, outdoor play, and exploration of outdoor space and environment by physical means are critical to the child's development in mind as well as body."

**Massachusetts
Early Childhood Advisory
Council**

REFLECTIONS FROM A MASSACHUSETTS STUDY GROUP

"Our school has recognized that building character and teaching responsibility to our students is essential to their educational and life careers. The emphasis on these areas can only have a positive impact on all learning within our school. The effective building of resilience must begin with the cooperation of all staff members within the school, not just one particular program. Integrating the health program into all areas of the curriculum — and involving food services personnel in teaching nutrition, guidance staff to teach conflict resolution, and the nurse to teach first aid and other areas — will promote good will and collaboration throughout the school, and improve children's education."

Freetown Elementary Study Group

Guiding Principle IV

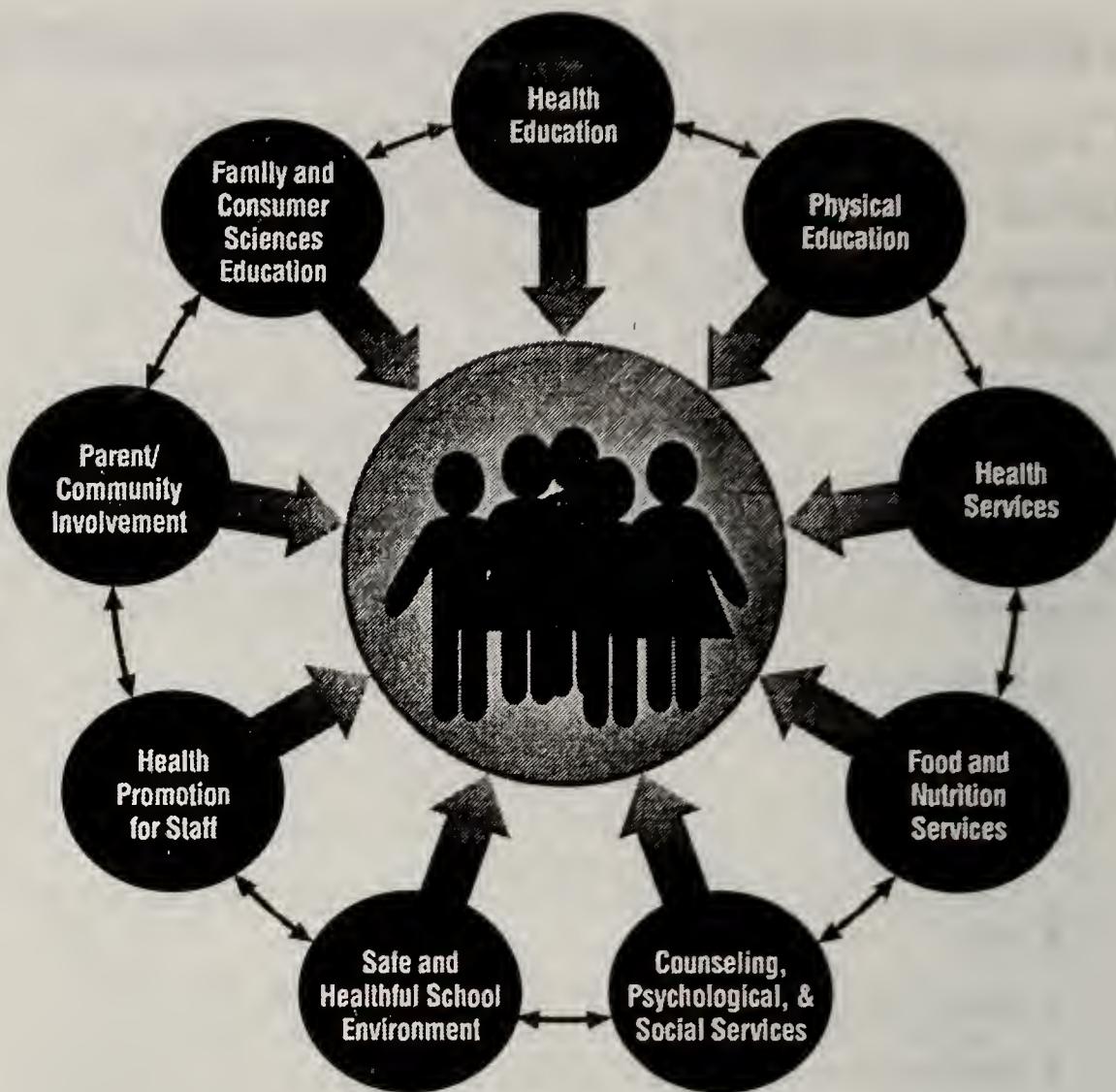


Figure 1: Components of A Comprehensive School Health Program

Health services, food and nutrition services, and psychological and counseling services involve families in the life of the school, helping them to support students' academic achievement and health.

REFLECTIONS FROM A MASSACHUSETTS STUDY GROUP

"At our family forums, students are amazed to learn that their parents dealt with peer pressure and risk behaviors when they were young. Parents develop new respect for the challenges their sons and daughters face in assessing risks and trying to stay focused on achievement in school. This has become one of our most popular programs."

Boston Parent Coordinator

A safe and healthful school environment supports successful teaching and learning. Health promotion programs for staff enable teachers and other staff members to recognize the importance of lifelong health learning, and to model healthy behaviors for students. When instruction and services work together they can build alliances with families and the community that improve educational outcomes for all students. Working together, families, schools, and the community can convey a message to every student: *We care. Your success is important to us.* When students aspire to high levels of educational achievement, perceive there are opportunities for them to excel, and have a solid knowledge of health, they are more likely to make health-enhancing decisions and avoid risky behaviors.⁸

The Comer Model

Working with colleagues at the Yale Child Development Center, Dr. James P. Comer has developed a public health model for schools that links health services with aspects of comprehensive health instruction in order to build partnerships among local schools and families. The School Development Program links the principal, guidance counselors, comprehensive health educators, and classroom teachers with parents as team members. These teams work on several fronts to promote a supportive school climate that helps students connect their lives at home with their experiences in the classroom:

- A **governance team** advises the principal on solving problems and improving the quality of relationships throughout the school.
- A **mental health team** works with teachers and parents to help them see each child's academic achievements and potential in the context of his or her overall emotional and social development.
- Parents identify **social and life management skills** that they feel their children will need to succeed in society. Some of these involve specific knowledge such as knowing how to balance a checkbook, write invitations, or respond to a person with cancer. Others involve practicing social skills such as negotiating conflict or working cooperatively. These skills are then taught by a team of parents and teachers as part of the curriculum.⁹



All students should treat others with respect and understand similarities and differences among people.

The Massachusetts Common Core of Learning

Guiding Principle V

Comprehensive health education teaches students to acknowledge and respect similarities as well as differences among people.

This framework encourages the development of peer programs whose leaders represent a cross-section of the student population. It supports learning about similarities and differences in our communities, affirming our own backgrounds and beliefs without having to justify them or argue about which is right or best. It promotes student analysis of the effects of prejudice and bias on personal, family, and community health. It provides opportunities for students to join with their families, peers, school staff, and community leaders to build inclusive schools and communities.

Comprehensive health education includes knowledge of the contributions that men and women of various groups have made and continue to make to health research, public health, environmental health, and medical science. The oath attributed to Hippocrates and still taken by physicians today is from a body of medical texts written and collected in the fifth through third centuries BCE in Alexandria, Egypt. Treatment methods such as acupuncture and exercise and wellness systems such as yoga and *tai chi*, which have been in use in Asian cultures for many centuries, are now beginning to receive serious attention in Western medicine. In addition, new medicines are being derived from plant species used in traditional cultures in various parts of the world.

A CLASSROOM SNAPSHOT

Ms. Collins observes the following conversation in her first grade classroom.

"I live with my mom," says Patricia.

"Don't you have a daddy?" asks Trudy.

"He doesn't live with us," Patricia responds.

"Then you don't have a real family," Trudy tells her.

"Uh-huh, yes I do," replies Patricia.

"Not if your daddy doesn't live with you," rejoins Trudy.

In response, Ms. Collins develops a unit on families: they come in many sizes, shapes, and types. Families may have different groupings of people, but family members can still share common functions, such as caring, teaching, affirming, comforting, listening, feeding, cleaning, earning, celebrating milestones, and sharing other responsibilities.

Comprehensive, sequential health education at every level, preschool through high school, is essential to lifelong learning and health for all students.

In the past, comprehensive health education was sometimes limited to piecemeal instruction on isolated topics — a single lesson on dental hygiene in the second grade; a few sessions on family life and sexuality (sometimes only for girls) in the middle school; a school-wide assembly on HIV/AIDS prevention in high school; perhaps even a semester of health education, physical education, or family and consumer sciences inserted into the schedule. Such a scattered approach fails to capitalize on the interrelationships between all aspects of health.

"You can't educate a child who isn't healthy, and you can't keep a child healthy who isn't educated."¹⁰

**U.S. Surgeon General,
1994**

Early Childhood Comprehensive Health Education

"It is critical that health education begin in the early years, PreK-1. Young children learn through play the foundations of resilience: positive relationships with peers and adults; perseverance; conflict resolution; acceptance of differences; and self-esteem."

Massachusetts Early Childhood Advisory Council

Research shows that instructional time in comprehensive health needs to be regular and of sufficient duration to have a significant positive effect on attitudes and behaviors. Fundamental health knowledge and skills need to be taught in prekindergarten and early elementary years, and reinforced and expanded regularly in subsequent grades. A planned, sequential curriculum addresses a variety of topics with increasing degrees of complexity appropriate to students' developmental levels. Such a program ensures thorough, balanced coverage of health subject areas, and is readily adapted to incorporate emerging health issues.

Through comprehensive health education, schools teach students to understand and demonstrate the importance of healthful behavior for living active, productive, rewarding lives as individuals, family members, and citizens, contributing to safe and vital communities.

"Schools are society's vehicle for providing young people with the tools for successful adulthood. Perhaps no tool is more essential than good health."¹¹

**Council of Chief State
School Officers**



Habits of Mind

Habits of Mind are ways of thinking and behaving that form the foundation of life-long learning. Teachers, administrators, and others engaged in the process of educating model these habits of mind in what they say and do.

The habits listed here are those found in Chapter 2 of *Charting the Course: the Common Chapters of the Massachusetts Curriculum Frameworks*, but focused in ways specific to the comprehensive health classroom, laboratory, and physical activity setting. Some of these might be posted in the classroom or discussed for their contribution to building resilience.

1. Commitment to Excellence and Equity

- Everyone's health is important.
- We are all capable.
- Health is a team effort.
- Do your best.

2. Respect for Diverse Ways of Perceiving, Thinking, Learning, and Communicating

- Listen, don't criticize.
- Respect yourself and others.
- Use common courtesy.

3. Reflection and Openness to Suggestions for Change

- Observe, describe, evaluate.
- Use feedback to assess strengths and weaknesses in your work.
- Consider other choices.

4. Curiosity, Flexibility, Creativity, Sense of Organization, and Persistence

- No question is foolish or insignificant.
- Practice, practice, practice.
- Find new ways to communicate ideas.

6. Acceptance of Personal, Social, and Civic Responsibility

- Discipline.
- Each of us can make a difference.
- It is essential to distinguish between what we can change and what we cannot.
- Respect for democratic process and order.

5. Willingness to Investigate and Reflect upon Patterns and Relationships of Ideas

- Physical, emotional, social, and cognitive health are always interrelated.
- Check recent research.
- Examine social, cultural, economic, and environmental factors.

7. Sense of Interdependence

- It's important to acknowledge our needs for both privacy and community.
- There are some changes we can make individually and some we need to make together.
- Healthy communities/healthy persons.

Comprehensive Health Content

C O R E C O N C E P T

The Core Concept of *Building Resilience* is that comprehensive health education enables students to thrive, persevere, and maintain a positive attitude and healthy bodies. Comprehensive health education teaches fundamental health concepts, promotes habits and behaviors that enhance health, and guides efforts to build healthy families, schools, and communities.

Figure 2 indicates the range of interrelated health topic areas addressed in comprehensive health education. Through grade 12, students should be able to demonstrate knowledge in each area in ways appropriate to their age and development. In developing curricula, school districts will need to assess current local needs to determine which areas will be emphasized.

Figure 2: COMPREHENSIVE HEALTH TOPIC AREAS

COMMUNITY HEALTH: Characteristics of a healthy community; roles of community agencies, organizations, and staff; skills for advocacy and collaboration; overcoming racism and prejudice;

DISEASE PREVENTION AND CONTROL: Factors contributing to the development of chronic, degenerative, and communicable diseases; methods for detection and strategies for prevention;

ENVIRONMENTAL HEALTH: Ways to conserve natural resources and prevent pollution; relationship between the environment and physical, mental, and social health;

FAMILY LIFE: Development of healthy roles and interactions between family members; physical, mental and social growth and development through the life cycle, from birth to death;

HEALTHY RELATIONSHIPS: The importance of healthy relationships with family, friends, and workplace and community members; communication skills and other skills to build such relationships; concepts and skills for conflict resolution and violence prevention;

MENTAL AND EMOTIONAL HEALTH: Issues related to attitudes, stress, self-acceptance, and social awareness; relationship to physical health; understanding and managing emotions; dealing with loss and grief; preventing suicide;

NUTRITION: Skills, knowledge, and attitudes that help in selecting a healthy diet; nutritional requirements throughout the life

cycle; factors that influence food choices; sports nutrition; eating disorders;

PERSONAL HEALTH: Structure and function of body systems, including their interdependence and overall contribution to healthy functioning;

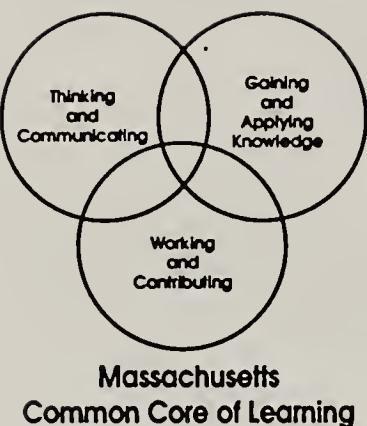
PERSONAL SAFETY: Factors contributing to intentional and unintentional injury, including motor vehicle crashes, guns, homicide, and suicide; first aid and emergency procedures; verbal, physical, emotional, and sexual harassment and abuse; rape; homophobia;

PHYSICAL ACTIVITY AND FITNESS: Manipulative, locomotor, and non-locomotor movement skills; concepts of biomechanics and exercise physiology; principles of training and conditioning; role of regular physical activity in lifelong health and well-being;

RESOURCE MANAGEMENT: Obtaining and evaluating health-related information, services, and products; managing home, consumer, workplace, and environmental resources;

SEXUALITY: Reproductive physiology; interpersonal skills for responsible sexual behavior and choices, including abstinence and protection; gender and sexual orientation; prevention of unintended pregnancy and sexually transmitted diseases, including HIV infection;

TOBACCO, ALCOHOL, AND OTHER DRUG USE: Risks and consequences of using these substances; skills and



strategies for prevention; appropriate uses of drugs and medication.

In this framework, Content in Comprehensive Health is represented by Strands and Learning Standards. The three Strands are intended to be woven throughout curricula, instruction, and assessments in comprehensive health education.

The *Common Core of Learning* provides the foundation for each of the three Strands.

- Thinking and Communicating is reflected in Health Literacy.
- Gaining and Applying Knowledge is addressed through Healthy Self-Management.
- Working and Contributing is expressed in Health Promotion and Advocacy.

Comprehensive Health Content

Strands	Learning Standards
Health Literacy	<ol style="list-style-type: none"> 1. Students will understand current concepts of health promotion, disease prevention, and risk assessment in relationship to lifelong growth and development. 2. Students will develop individual competence and versatility in movement skills, understand movement concepts, and relate physical activity to lifelong health. 3. Students will analyze the impact of social, cultural, economic, and environmental factors on health. 4. Students will identify, use, and evaluate health information and resources.
Healthy Self-Management	<ol style="list-style-type: none"> 5. Students will assess health beliefs, attitudes, and behaviors in order to set achievable goals, monitor progress, and evaluate outcomes. 6. Students will demonstrate the ability to assess risk, consider potential consequences, and make health-enhancing decisions. 7. Students will manage resources and practice behaviors that protect and enhance their physical, intellectual, emotional, and social health.
Health Promotion and Advocacy	<ol style="list-style-type: none"> 8. Students will communicate health information clearly and accurately. 9. Students will promote health and collaborate to build safe and supportive social environments.

The Massachusetts Learning Standards have been designed with three purposes in mind:

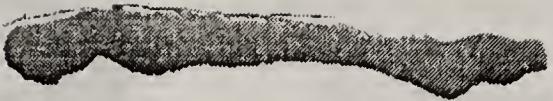
- To acknowledge the importance of both the content and skills students learn in each discipline;
- To help teachers create curriculum and classroom assessments;
- To be used as the basis for a statewide assessment of school and district performance at grades 4, 8, and 10

Comprehensive health education builds health knowledge in developmentally appropriate ways across all grades PreK through adult through a planned, sequential, and coherent instructional program in health education, family and consumer sciences, and physical education. Hence, the Learning Standards in this Framework are intended to spiral so that students have multiple opportunities to learn content in different ways at various grade level spans, PreK through grade 12.

The Learning Standards are also applicable to the thousands of adult learners enrolled in adult basic education centers throughout Massachusetts. Adult educators are strongly encouraged to implement these standards and adapt them according to the literacy and experiential levels of their students.

Students may require support or adaptations to achieve these standards, and teachers and families are urged to consult and apply the “Strategies for Including All Students” listed in Chapter Two, “Lifelong Learning, Teaching, and Assessment.”

The Health Curriculum Framework includes Key Questions with each Learning Standard to suggest dimensions of lifelong inquiry and learning in comprehensive health education. Essential questions such as *What is the relationship of health to behavior?* or *What makes health information reliable?* are also intended to spark additional questions for discussion and inquiry and point to possible connections with other disciplines. How It Looks in the Classroom/Laboratory/Physical Education Setting presents a sampling of extended projects and curriculum units in which students address the key questions in each Learning Standard.



Health Literacy Strand

Comprehensive health literacy joins together cognitive, physical, and affective skills fundamental to lifelong health:

- the capacity to obtain, understand, and evaluate health information and services
- a repertoire of skills in movement and an understanding of their importance for all aspects of lifelong health
- knowledge of life management skills useful in maintaining a healthy lifestyle now and as a future parent, worker, and citizen

Students learn to read, listen, observe, and think about health information critically, to evaluate information and make reasoned inferences, and to locate and assess help in relation to health and safety. Students need to be able to identify current, reliable information, recognizing the importance of research methodology and hypothesis testing. They need to learn about the tentative nature of many health-related “facts” and fads. Educators need to learn about the latest scientific knowledge and be alert to entirely new health concerns. For instance, while one disease such as small pox may be successfully controlled, a new one such as HIV/AIDS may emerge and present dramatic challenges and crucial decisions for both health professionals and comprehensive health educators.

In comprehensive health, just as in other disciplines, students distinguish fact from opinion, identify stereotyping, and recognize bias. They evaluate health information in terms of accuracy and viewpoint. Students are bombarded daily with health-related messages from multiple sources, in the news and other public media, in advertisements, even in daily interactions with family and friends. The various messages may or may not be relevant, or welcome, and they may even contradict one another. How do students evaluate them — or even know enough to try?

Knowing how to move efficiently, gracefully, and in ways that are free of strain and injury is another important component of comprehensive health literacy. Students also learn to describe physical changes and sensations and understand the relationship of movement to lifelong health in all its aspects; physical, cognitive, emotional, and social.

Students develop competence in those life management skills that help them maintain and improve their health and the health of their families, workplaces, and communities. They learn to manage resources and use technology. They develop practical skills including those they can use as future parents and workers. Students learn ways to balance current and future demands of school, family, work, and leisure.

For lifelong learners, comprehensive health literacy is an ongoing and dynamic process rather than an end to be achieved.

Learning Standard 1

Students will understand current concepts of health promotion, disease prevention, and risk assessment in relationship to lifelong growth and development.

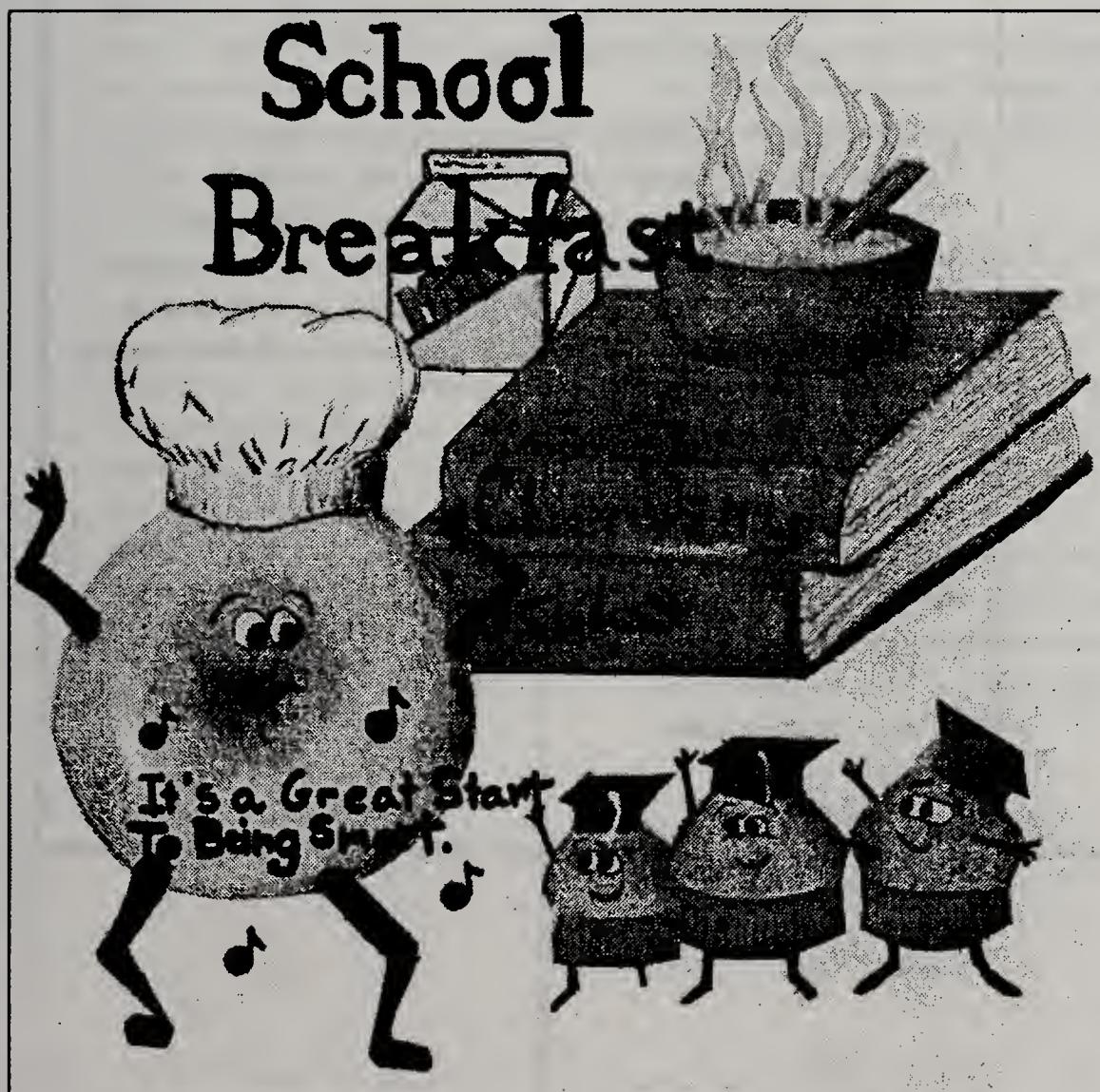
Health
Literacy
Strand

WHAT IS THE RELATIONSHIP OF HEALTH TO BEHAVIOR?

WHAT INFORMATION DOES ONE NEED TO ASSESS HEALTH RISKS AND
MAKE RESPONSIBLE DECISIONS?

IN WHAT WAYS IS HEALTH MORE THAN THE ABSENCE OF DISEASE?

WHAT IS THE INTERRELATIONSHIP OF DIFFERENT ASPECTS OF HEALTH
SUCH AS NUTRITION AND FITNESS?



*Beth Farnham
Wachusett Regional High School*

Learning Standard 1

Students will understand current concepts of health promotion, disease prevention, and risk assessment in relationship to lifelong growth and development.

PreK-4 Standards	Examples
<ol style="list-style-type: none">1. Compare and contrast problem health habits with healthful habits, identify their effects on individual well-being and possibilities for change.2. Describe the consequences of using tobacco, alcohol, and other drugs and identify guidelines for using prescription and non-prescription medicines and poisons/toxic substances found in the home.	<ol style="list-style-type: none">1. PreK-2: Students dictate or write and illustrate picture books describing the effects of food choices, rest, physical activity, and talking about feelings. (<i>connects with English Language Arts, Arts</i>) 3-4: After choosing one habit they might like either to change or maintain, students work in groups of three to brainstorm things that might help. Students then make individual action plans that detail possible steps for change.2. PreK-2: Students sort sample food products, beverages, medicines, and vitamin pills into three categories: Safe to Eat, Not Safe to Eat, and Things I Need to Ask About. Some food products and beverages have labels and others do not. Students give reasons for classifying. 3-4: Interpreting a list of handling precautions from a poison control center, learners identify areas of the body (eyes, skin, lungs, etc.) needing protection when using different types of cleaners, fertilizers, insect and rodent poisons, abrasives, paints, and other toxic substances. Then they graph the body areas in terms of different types of products. (<i>connects with Mathematics</i>)

PreK–4 Standards	Examples
<p><i>Continued from previous page</i></p> <p>3. Describe ways of asserting personal needs that are respectful of others.</p> <p>4. Identify and demonstrate social problem-solving skills.</p> <p>5. Explain common safety rules and procedures, including effective action to protect and enhance personal safety.</p> <p>6. Identify and distinguish among communicable diseases, non-communicable diseases, and chronic health conditions.</p>	<p>3. PreK-2: At pauses during a puppet show, students suggest ways that characters might act when making requests of others, confronting hurtful or discriminatory acts, or dealing with routine teasing or provocation. (<i>connects with English Language Arts</i>)</p> <p>3-4: After reading <i>Atilla the Angry</i>, students identify ways to express personal needs that give others choices.</p> <p>4. PreK-2: Responding to questions after reading <i>Willie's Not the Hugging Kind</i>, students describe Willie's emotions, identifying how he might communicate effectively and what could be done to help him feel better. (<i>connects with English Language Arts</i>)</p> <p>3-4: After watching a videotape of students trying to resolve a conflict, learners identify the skills that were used.</p> <p>5. PreK-2: In response to a teacher's questions about hypothetical situations, students use the concept of good touch/bad touch to interpret characters' actions and identify steps that could be used to ensure personal safety.</p> <p>PreK-4: After brainstorming a list of dangers associated with guns, students identify applicable regulations and safety procedures.</p> <p>6. PreK-2: Students make a posters showing the different means by which germs (bacteria and viruses) are spread and not spread. (<i>connects with Arts</i>)</p> <p>3-4: Learners interview people with chronic health conditions and/or read about them in order to understand how they actively contribute to family, friends, school, and community and how such conditions differ from diseases. (<i>connects with English Language Arts, Social Studies</i>)</p>

Learning Standard 1

Students will understand current concepts of health promotion, disease prevention, and risk assessment in relationship to lifelong growth and development.

Grades 5–8 Standards	Examples
<p><i>Continue the PreK-4 Standards and:</i></p> <ul style="list-style-type: none">7. Identify sources of support for maintaining personal health habits and changing problem habits and describe ways these sources promote health and resilience.8. Identify physical, social, intellectual, and emotional changes associated with puberty and adolescence.9. Research and describe addiction to alcohol, tobacco, and other drugs and methods for intervention and treatment.10. Identify prevalent adolescent risk behaviors, links among them, and their potential outcomes.11. Describe effective communication skills for resolving potentially violent conflicts.	<ul style="list-style-type: none">7. Students in an exercise club make a presentation to other students describing the ways members help one another to attain health and fitness goals. (<i>connects with Social Studies</i>)8. Learners research the potential effects of physical changes on athletic performance and participation in sports. (<i>connects with Science and Technology, Social Studies</i>)9. Working in small groups, learners research health consequences, addictive mechanisms, and social factors associated with repeated use of one of the following: nicotine, heroin, cocaine, alcohol, and inhalants. They then relate their research to current information about intervention and treatment. (<i>connects with Science and Technology, Social Studies</i>)10a. Students compare Massachusetts and national data on prevalent risk behaviors and outcomes with their own observations and/or surveys of students and/or community health professionals. (<i>connects with Social Studies</i>)10b. Examining case studies or fiction, students write their observations of links between substance use and dating violence, suicide, HIV infection, depression, sexually transmitted diseases, teen pregnancy, and eating disorders. (<i>connects with English Language Arts</i>)11. After role-playing resolving conflict in various situations both with a mediator and without one, students analyze which skills were most useful. (<i>connects with Arts, English Language Arts</i>)

Learning Standard 1:

Students will understand current concepts of health promotion, disease prevention, and risk assessment in relationship to lifelong growth and development.

Grades 9–10 Standards	Examples
<p><i>Continue the preK-8 Standards and:</i></p> <ul style="list-style-type: none">12. Analyze the effects of diseases on community and society.13. Analyze ways in which research and medical advances have changed how we prevent, diagnose, monitor, and/or treat specific diseases and conditions.14. Identify the legal and health consequences of child abuse, domestic violence, sexual harassment, rape, and other forms of violence and discuss strategies to prevent and address them.15. Identify and compare health concerns, health needs, and essential life/resource management skills at various stages of human growth and development.16. Analyze health-related issues associated with diverse careers and workplaces.	<ul style="list-style-type: none">12. Using biographies and/or primary sources such as letters and diaries, learners trace the effects of a particular disease such as tuberculosis on individuals and families in the late 1800s and compare with its effects today. (<i>connects with English Language Arts, Social Studies</i>)13. In pairs, students interview health providers and/or researchers and report on how clearer understandings of preventive factors and new methods of diagnosis have changed the prevention and treatment of heart disease. (<i>connects with Science and Technology</i>)14. Students examine the written policies of businesses, schools, and other institutions on sexual harassment and violence and compare them with the current recommendations of the Governor's Council on Domestic and Sexual Violence. (<i>connects with English Language Arts</i>)15. As a class, students interview health care providers and parents to identify and discuss the influence of genetic factors and behaviors of both parents on the health of their children both before and after birth. (<i>connects with Science and Technology</i>)16. Working in small groups, students choose a specific industry and report on the roles of regulatory agencies such as the Occupational Safety and Health Administration and current occupational health regulations including laws relating to workmen's compensation, right to know, and child labor. (<i>connects with Social Studies</i>)

Learning Standard 1:

Students will understand current concepts of health promotion, disease prevention, and risk assessment in relationship to lifelong growth and development.

Grades 11–12 Standards	Examples
<p><i>Continue the PreK-10 Standards and:</i></p> <ul style="list-style-type: none">17. Research and discuss the role of protective factors in developing resilience.18. Research and present examples of how communities respond to health needs of individuals and families.19. Identify factors that make for effective public health policies, initiatives, and laws.20. Identify the ways in which scientific advances become incorporated into the prevention and treatment of diseases and health conditions.	<ul style="list-style-type: none">17. As a class, students interview parent educators, parent support group leaders, and parents to identify ways in which families find support for parenting challenges and balancing parenting with other demands. (<i>connects with Social Studies</i>)18. Students interview emergency medical technicians, relief agency personnel, and others about their individual and agency roles in responding to community-wide emergencies or health crises such as natural disasters, fires, terrorism, epidemics, and over-the-counter drug tampering. (<i>connects with Social Studies</i>)19. Students research, discuss, and write about different viewpoints on the distribution of clean needles to drug addicts and how this relates both to addiction and disease prevention. (<i>connects with Social Studies, Science and Technology</i>)20. Using a timeline, students chart the stages of development of a new drug or genetic treatment and identify steps used to gain approval by federal agencies. (<i>connects with Science, and Technology, Social Studies</i>)

What this looks like in the classroom/laboratory/physical education setting

- Three high school students research Lyme disease in Massachusetts. Using the Internet, they obtain current statistics from the Centers for Disease Control and Prevention. They compare these with the reports of researchers at the Harvard School of Public Health and the Massachusetts Audubon Society. They use maps and graphs to compare the incidence of the disease in humans with the prevalence of the bacterium in ticks taken from deer mice nesting boxes. They estimate the likelihood of infection from a tick bite, which turns out to be lower than originally expected. In talking with researchers, students learn about the scientific and mathematical techniques used to monitor infectious diseases. The students determine factors that would make an effective statewide advertising campaign about seasonal precautions and early treatment.

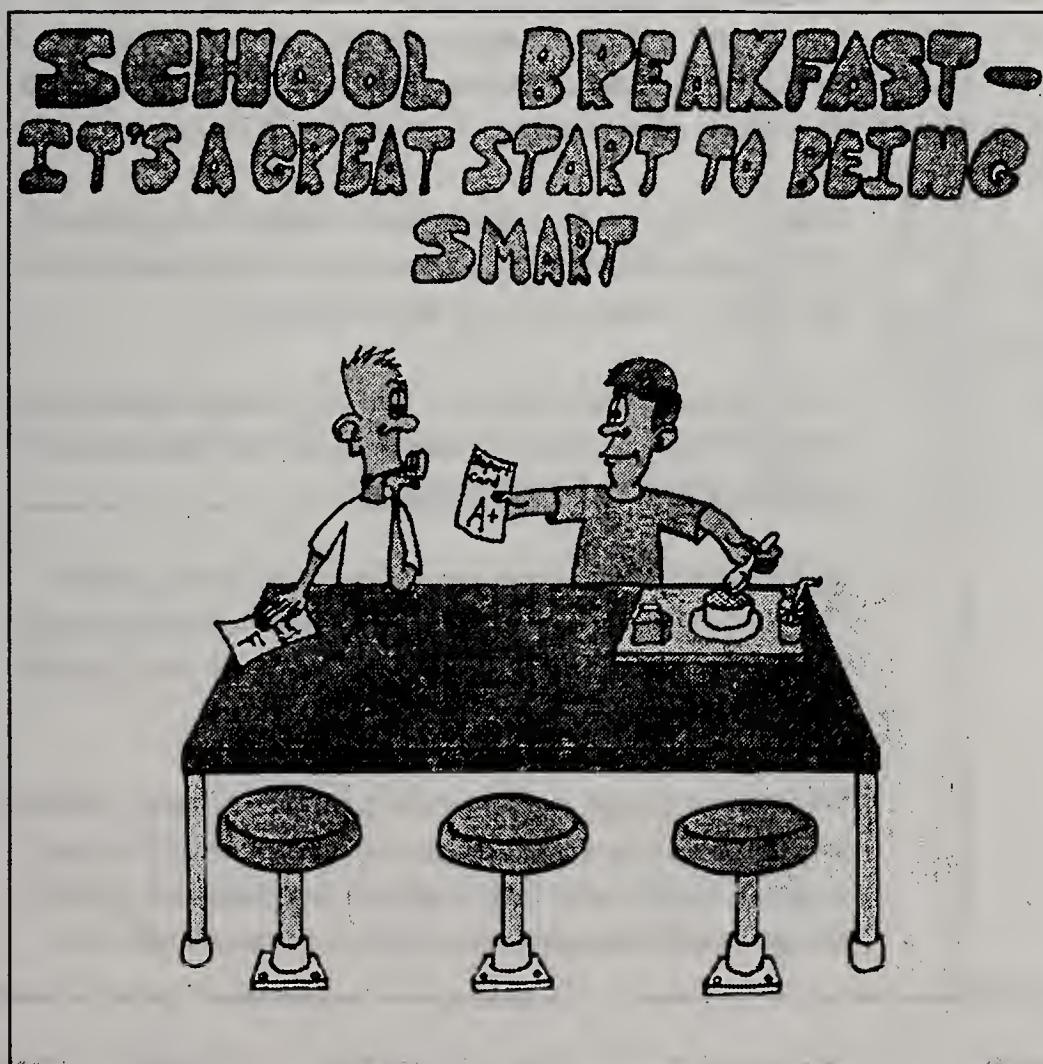
Learning Standard 2:

Students will develop individual competence and versatility in movement skills, understand movement concepts, and relate physical activity to lifelong health.

Health
Literacy
Strand

Full health literacy includes being physically literate. Learners develop knowledge about how the body functions and the ability to describe physical changes and sensations. Through participation in developmentally appropriate physical activity, learners move in ways that are precise, efficient, graceful, and free of strain or injury. They also practice moderating physical responses to stress and conflict. Learners experience the relationship of exercise to overall health, apply important social skills and safety knowledge, and integrate learning through movement with other modes of learning.

- IN WHAT WAYS ARE MOVEMENT SKILLS IMPORTANT FOR HEALTH?
- HOW CAN MOVEMENT SKILLS BE DEVELOPED, EVALUATED, AND IMPROVED?
- HOW CAN SPORTS OR GAMES BEST INCLUDE PERSONS OF VARYING ABILITIES?
- HOW DOES PHYSICAL ACTIVITY HELP IN RESPONDING TO STRESS?



Learning Standard 2:

Students will develop individual competence and versatility in movement skills, understand movement concepts, and relate physical activity to lifelong health.

PreK-4 Standards	Examples
<ol style="list-style-type: none">1. Use a variety of manipulative (throwing, catching, striking), locomotor (walking, running, skipping, hopping, galloping, sliding, jumping, leaping), and non-locomotor (twisting, balancing, extending) skills.2. Identify and apply movement concepts including direction, balance, level (high, low, etc.), pathway (straight, curve, zigzag, etc.), range (expansive, narrow, etc.), application of force (sustained, gentle touch, etc.), force absorption (rigid, with bent knees, etc.) to extend versatility and improve performance.3. Identify and demonstrate responsible personal and social behavior used in physical activity settings.4. Identify physical changes and feelings that result from participation in a variety of physical activities.	<ol style="list-style-type: none">1. PreK-2: Practicing various movement skills in the gym, students travel in different directions using a variety of locomotor patterns and change direction quickly in response to a signal. 3-4: Expanding their repertoire of movement skills, learners vary and combine skills in response to changing conditions and expectations: tossing a ball to a moving partner, throwing or balancing an object while dodging, or moving to different rhythms. (<i>connects with Arts, Mathematics</i>)2. PreK-2: Pretending to be a train, students travel for several minutes in a group, staying linked to the one in front. Afterwards, they identify movement concepts used to keep the train together at various speeds, along different pathways, and while using various modes of traveling. (<i>connects with Arts, Science and Technology</i>) 3-4: In pairs, students practice throwing a ball at a target. After five attempts, they give their partner a turn. Students observe their partner and use movement concepts to provide feedback about critical elements of throwing. (<i>connects with Science and Technology, Mathematics</i>)3. PreK-2: In a group, learners brainstorm rules to solve potential playground problems including unsafe use of equipment, lack of respect for personal space, and the need to share. 3-4: Students analyze a videotape of class gymnastics performance, complimenting productive, cooperative, and safe behaviors and making suggestions for improvement.4. PreK-2: Each learner draws and writes a story about personal likes and dislikes and physical changes associated with participation in a sport or physical activity. (<i>connects with Arts, English Language Arts</i>) 3-4: In small groups, students make a poster or create a dramatic presentation about a favorite sport or physical activity relating its fitness benefits with both immediate and short-term physical changes and feelings about participation. (<i>connects with Arts</i>)

Learning Standard 2:

Students will develop individual competence and versatility in movement skills, understand movement concepts, and relate physical activity to lifelong health.

Grades 5–8 Standards	Examples
<p><i>Continue the PreK-4 Standards and:</i></p> <ul style="list-style-type: none"> <li data-bbox="159 657 864 834">5. Use combinations of manipulative, locomotor, and non-locomotor skills to develop movement sequences and patterns both individually and with others. <li data-bbox="159 884 864 1060">6. Use information from a variety of sources (internal and external) and apply advanced movement concepts and game strategies to guide and improve performance. <li data-bbox="159 1111 809 1237">7. Identify appropriate exercise guidelines and describe the immediate and long-term health benefits of regular physical activity. <li data-bbox="159 1287 864 1413">8. Demonstrate understanding and respect for differences among people and identify strategies for inclusion in physical activity settings. 	<ul style="list-style-type: none"> <li data-bbox="954 657 1659 884">5. Learners create and perform a gymnastics or dance routine that combines traveling, rolling, balancing, and weight transfer into smooth flowing sequences with intentional changes in direction, speed, and flow. (<i>connects with Arts</i>) <li data-bbox="954 934 1659 1111">6. Working in groups, students take turns playing two-on-two basketball while others observe play. Observers identify and record offensive and defensive strategies used by teams. <li data-bbox="954 1161 1659 1464">7. Learners select an exercise related to one component of physical fitness such as using proper sit-ups to increase endurance and strength of the abdominal muscles or lap swimming to increase cardiorespiratory endurance. They record and graph progress over six weeks. (<i>connects with Mathematics</i>) <li data-bbox="954 1514 1659 1690">8. In teams, students identify and try various ways for players of different abilities to participate fully when team positions are rotated so that each person tries every position.

Learning Standard 2:

Students will develop individual competence and versatility in movement skills, understand movement concepts, and relate physical activity to lifelong health.

Grades 9-10 Standards	Examples
<p><i>Continue the PreK-8 Standards and:</i></p> <ul style="list-style-type: none">9. Demonstrate competence (basic skills, strategies, and rules) in many and proficiency in a few movement forms: aquatics, team sports, individual/dual sports, outdoor pursuits, self-defense, dance, gymnastics, and adaptive physical activities.10. Identify critical elements of movement skills and apply them to achieve competent/proficient performance.11. Identify and discuss the components of physical fitness and the factors involved in planning and evaluating fitness programs for individuals at different stages of the life cycle.	<ul style="list-style-type: none">9. Learners pass the Red Cross intermediate swimming requirements.10. Analyzing a videotape of a volleyball competition, students identify advanced skills and team strategies.11. Working in teams, learners interview a cross section of persons of various ages and at least one physically challenged person to determine the relationship of physical, social, cognitive, and emotional factors to personal exercise habits and levels of physical activity.

Learning Standard 2:

Students will develop individual competence and versatility in movement skills, understand movement concepts, and relate physical activity to lifelong health.

Health
Literacy
Strand

Grades 11-12 Standards	Examples
<p><i>Continue the PreK-10 Standards, and</i></p> <ul style="list-style-type: none">12. Select and develop proficiency in several movement forms for current and lifetime use and enjoyment.13. Identify and apply concepts from motor learning and development, sport psychology and sociology, biomechanics, and exercise physiology in order to learn, self-assess, and improve movement skills independently.14. Identify ways in which physical activity provides opportunities for enjoyment, challenge, self-expression, social interaction, and the management of life stress.15. Research and report on levels of physical activity and specific movement skills associated with various careers/workplaces and adult tasks such as household management and parenting.	<ul style="list-style-type: none">12. Choosing one movement form such as dance or soccer, students design and write a personal, long-term plan for achieving and maintaining proficiency. They incorporate the feedback of sports or professional organizations, adults, and others proficient in this form. (<i>connects with Social Studies</i>)13. Learners compare and contrast the teaching of motor skills by different writers/instructors in sports magazines, how-to books, and commercial videotapes, identifying factors that promote and or hinder learning. (<i>connects with Social Studies</i>)14. In pairs, students interview six persons of various ages to determine what they like and dislike about physical activities and report on in class.15. After comparing recording methods used in dance notation with those used in time and motion studies in industry, students choose one method and use it to observe and study motion in a workplace setting. (<i>connects with Arts, Social Studies</i>)

What this looks like in the classroom/laboratory/physical education setting

- In an interdisciplinary project, arts and science and technology students work with the physical educator to learn about the human skeleton. Students are asked to envision their skeletal system moving in sections from their feet to their heads. In response to questions, they think about how the different parts of their bodies are connected, how many and what sorts of bones are in each section, and what their skeleton feels like. Students then draw both frontal and sideways pictures of their skeletons. They also compare their drawings with a model skeleton to learn more about specific areas.
- As a class project, seventh grade students survey the student body to determine levels of physical activity and preferences for different types of movement. They look at sports, games, and movement activities done individually and with community groups and families. They compare and contrast data for boys and girls and for 6th, 7th, and 8th grades, discussing social and cultural messages that might contribute to decreasing activity levels for some groups of students.

Learning Standard 3:

Students will analyze the impact of social, cultural, economic, and environmental factors on health.

As students examine the ways in which family, peers, school, workplace, and the community influence their health, they come to see that resilience depends on more than individual strengths or character traits. Students recognize that personal health is part of the dynamic interaction between individuals and their social environments. They study ways in which peers, families, mentors, groups, and institutions foster healthy attitudes and expectations of success. They examine protective factors that support changing problem health habits and maintaining health-enhancing behaviors.

HOW DO THE EXPECTATIONS OF FAMILY, PEERS, AND OTHERS AFFECT HEALTH?

WHAT IS THE IMPACT OF THE MEDIA AND SOCIETAL NORMS ON HEALTH BEHAVIORS?

HOW IS HEALTH INFLUENCED BY THE SOCIAL AND PHYSICAL ENVIRONMENT?

WHAT CAN THE PERSPECTIVES OF OTHER CULTURES/GROUPS TEACH US ABOUT HEALTH?



Learning Standard 3:

Students will analyze the impact of social, cultural, economic, and environmental factors on health.

PreK-4 Standards	Examples
<ol style="list-style-type: none">1. Identify ways in which others support personal health and success in school.2. Describe characteristics of inclusive and supportive social environments (family, friends, team, school, community, etc.).3. Research and give examples of how prejudice and social stereotypes affect people who are perceived to be different.4. Analyze the content of children's television and other media with respect to violence, nutrition, gender stereotypes and other health-related issues.5. Identify ways in which the health of the natural environment is related to personal and community health.	<ol style="list-style-type: none">1. PreK-2: After listing the people in their individual support systems (family, friends, congregations, teachers, etc.) and discussing their influence, students choose one and make a thank you card. (<i>connects with Social Studies, Arts, English Language Arts</i>)2. 3-4: In small discussion groups, learners compare and contrast the help that children of different ages (e.g., infants, younger children, and peers) need from their families, teachers and other adults in order to stay safe and healthy and succeed in school.2. PreK-2: After reading stories on friendship, students write and draw pictures on this topic for a display.3-4: After playing a game or sport, learners identify the factors which encouraged participation, fairness, and good sportsmanship.3. PreK-2: Students compare personal experiences of discrimination and prejudice with discrimination in stories and discuss the impact of such experiences on emotional, social, mental, and physical health. (<i>connects with English Language Arts</i>)3-4: Using the Internet, students interview persons with disabilities and advocacy organizations to identify and write about how stereotypes impact individuals and communities.4. PreK-2: Examining the labels and advertisements on containers for various brands of cereals, yogurt, and other food products, students identify advertising messages and compare these with actual nutritional content. (<i>connects with Science and Technology</i>)3-4: Using a checklist, learners evaluate violence and gender stereotypes in toy advertisements. (<i>connects with Social Studies</i>)5. PreK-2: In taking care of animals and plants, students record their experiences and compare the health needs of animals and plants, with their own. (<i>connects with Science and Technology</i>)3-4: On a class trip to a local park, students map and draw a particular place or landscape with which they identify.

Learning Standard 3:

Students will analyze the impact of social, cultural, economic, and environmental factors on health.

Grades 5-8 Standards	Examples
<p><i>Continue the PreK-4 Standards and:</i></p> <ol style="list-style-type: none"> <li data-bbox="153 733 864 816">6. Observe and describe how peer pressure affects health-related behaviors. <li data-bbox="153 866 864 1086">7. Identify specific societal and cultural messages that promote healthy and unhealthy behaviors; for each message identify the targeted population, trace its origins, and test the accuracy of its facts. <li data-bbox="153 1136 864 1262">8. Identify ways in which communities in different cultures support the health of individuals and families. <li data-bbox="153 1312 864 1396">9. Analyze the influence of violence in the media on violent behaviors. <li data-bbox="153 1446 864 1529">10. Research and report on environmental influences on health. 	<ol style="list-style-type: none"> <li data-bbox="941 733 1652 1002">6. Students role-play situations that involve peer pressure (e.g., using tobacco or alcohol, acting as if one knows the answers instead of asking for information or help, etc.) and analyze roles of participants and bystanders. (<i>connects with Social Studies</i>) <li data-bbox="941 1053 1652 1363">7. Working in small groups, students analyze advertisements, media images, and verbal messages for promotion of “ideal” body images and examine their roles in the development of eating disorders, use of steroids and other substances, and development of extreme exercise habits. (<i>connects with Social Studies</i>) <li data-bbox="941 1413 1652 1683">8. Students discuss the saying , “It takes a village to raise a child,” and explore the importance of extended families and support networks for individual and family health. (The saying is originally from West Africa.) (<i>connects with Social Studies</i>) <li data-bbox="941 1733 1652 1953">9. With an adult family member, students watch a movie or television show and record frequency and types of violence and the age, gender, and race of victims or targets and discuss. (<i>connects with Social Studies</i>) <li data-bbox="941 2003 1652 2222">10. Using the Massachusetts Water Resources Authority Water Test kit, student teams identify pollutants in local water sources (ponds, rivers, tap water etc.) and research their health effects. (<i>connects with Science and Technology</i>)

Learning Standard 3:

Students will analyze the impact of social, cultural, economic, and environmental factors on health.

Grades 9-10 Standards	Examples
<p><i>Continue the PreK-8 Standards and:</i></p> <ol style="list-style-type: none"><li data-bbox="146 632 869 715">11. Identify economic and environmental factors affecting neighborhood health.<li data-bbox="146 766 869 892">12. Identify the roots of violence and its modes of expression by individuals, communities, and institutions.<li data-bbox="146 942 869 1118">13. Research and analyze the effects of urbanization, travel, geography, climate, and other environmental factors on the transmission, prevention, and treatment of diseases.<li data-bbox="146 1169 869 1295">14. Collect and interpret local, national, and international statistics on a specific disease, health condition, or risk behavior.<li data-bbox="146 1345 869 1471">15. Investigate the historical influence of social, cultural, economic, and environmental factors on community health.	<ol style="list-style-type: none"><li data-bbox="941 549 1665 808">11. Working in teams, students interview local health department officials and/or health agency personnel to identify neighborhood health concerns such as the placement and content of billboards, access to outdoor recreation facilities, and toxic dumping. (<i>connects with Social Studies</i>)<li data-bbox="941 859 1665 1118">12. After reading biographies and historical accounts, learners analyze and write about social, cultural, legal and other factors relating to violence against people because of individual background or group status. (<i>connects with Social Studies</i>)<li data-bbox="941 1169 1665 1345">13. Students examine statistical correlations between the rate of urbanization and the spread of HIV/AIDS in several countries. (<i>connects with Social Studies, Mathematics</i>)<li data-bbox="941 1396 1665 1572">14. Learners interpret statistics on teenage pregnancy in relation to social and economic factors and discuss them in class. (<i>connects with Social Studies, Mathematics</i>)<li data-bbox="941 1622 1665 1799">15. With a partner, students interview older individuals in families and/or community about their experiences related to community health and report in class. (<i>connects with Social Studies</i>)

Learning Standard 3:

Students will analyze the impact of social, cultural, economic, and environmental factors on health.

Health
Literacy
Strand

Grades 11–12 Standards	Examples
<p><i>Continue the PreK-10 Standards and:</i></p> <ul style="list-style-type: none">16. Compare prevalent health concerns and promotion initiatives in the United States with those in at least two other parts of the world.17. Investigate how politics and public opinion have influenced disease prevention and treatment in the past and present.18. Research and analyze how economic and social factors affect health.19. Research and analyze different viewpoints about current public safety or disease prevention issues affecting students' lives.	<ul style="list-style-type: none">16. Working in small groups, students select a health concern such as sexually transmitted diseases and use their computer to share information with student groups in other countries. They chart the prevalence of different diseases, social factors affecting their spread, and types of treatments. (<i>connects with Social Studies</i>)17. Students report on current or recent legislative debates about funding for scientific health research. (<i>connects with Social Studies, Science and Technology</i>)18a. Students interview health care providers and compare different viewpoints on how poverty and unemployment influence health risks, access to services, and early treatment. (<i>connects with Social Studies</i>)18b. Learners examine and interpret Massachusetts statistics on the numbers of women and single mothers incarcerated for drug-related offenses and correlate with facts and figures on the availability of treatment. (<i>connects with Social Studies, Mathematics</i>)19a. In teams, students debate issues surrounding drug testing in the school and workplace.19b. Students research and report on ways in which different Massachusetts towns and school systems have addressed condom availability, and debate the pros and cons of condom availability.

What this looks like in the classroom/laboratory/physical education setting

Mr. Dunwoodie's high school health class studies the issue of access to public buildings in their community. They research both state legislation and the minutes of their town meeting to identify applicable policies and laws. They review newspaper editorials, cartoons, and articles to find examples of attitudes and bias towards people with disabilities. They interview architects, town-planners, and people with disabilities to learn more about related issues.



Learning Standard 4.

Students will identify, use, and evaluate health information and resources.

Health
Literacy
Strand

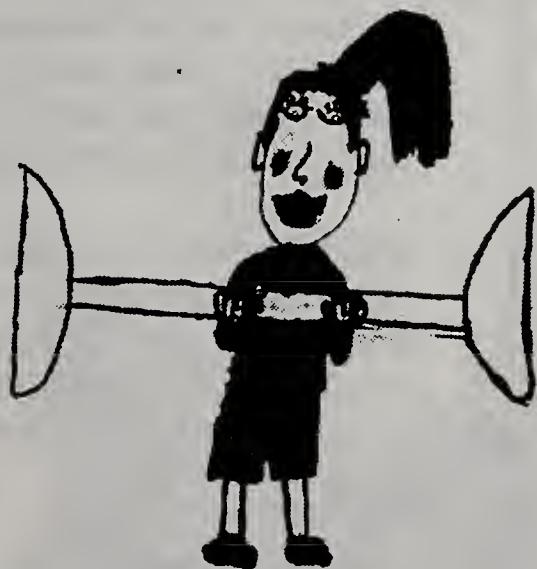
Students identify health information and resources that are current and applicable to their lives. Faced with what often seems like an overwhelming quantity of reports, articles, facts, and figures, students learn to sort out apparent contradictions and identify reliable information. They learn the types of questions to ask when talking with health professionals and providers of services. They become educated consumers who are aware of product safety and truthfulness in packaging.

WHERE CAN WE FIND OUT ABOUT HEALTH SERVICES IN OUR COMMUNITY?

HOW CAN WE USE TECHNOLOGY TO ACCESS HEALTH INFORMATION?

WHAT MAKES HEALTH INFORMATION RELIABLE?

WHERE CAN I FIND INFORMATION ABOUT NEW HEALTH AND FITNESS CAREERS?



Learning Standard 4.

Students will identify, use, and evaluate health information and resources.

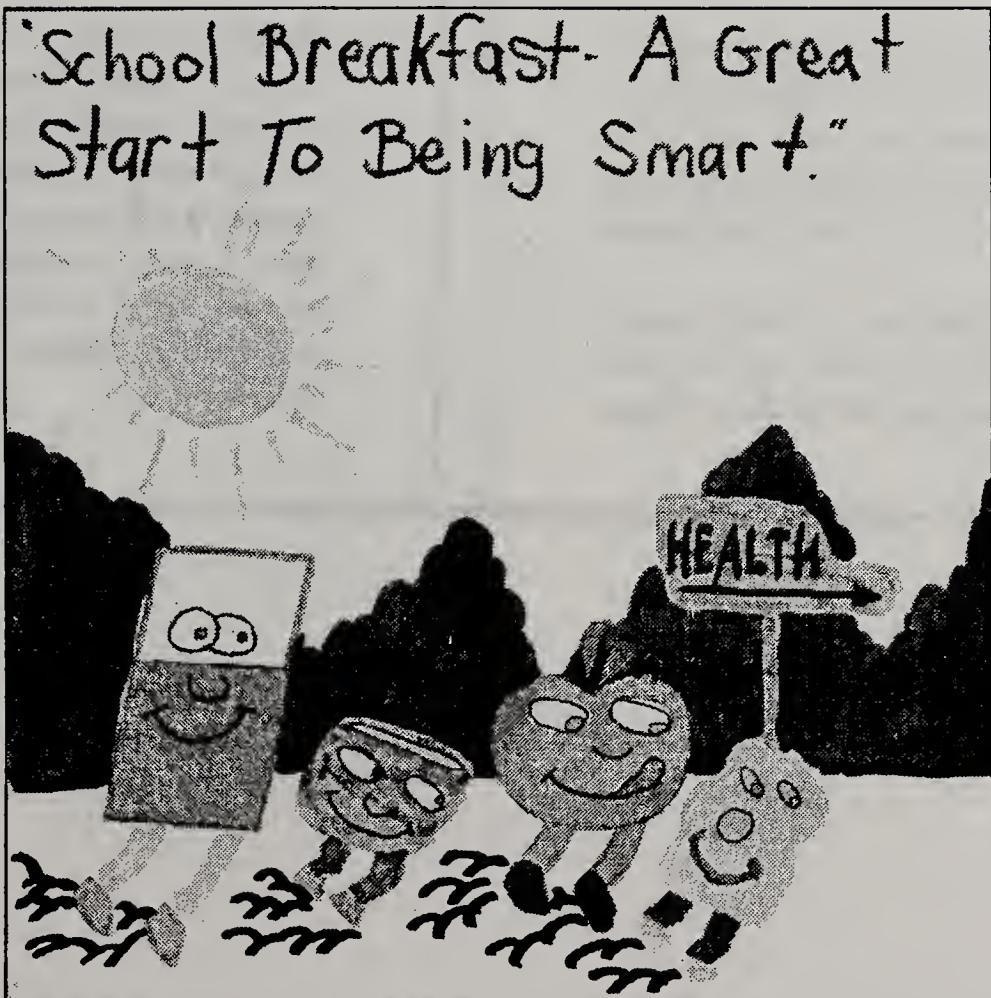
PreK-4 Standards	Examples
<ol style="list-style-type: none">1. Identify school and community health professionals and other helpers and the types of problems with which they can help.2. Interpret sources of health and safety information including poison and health warning labels, safety checklists, pedestrian and traffic signs and signals, nutrition guidelines, and signs and signals used for fire evacuation and other emergency procedures.3. Use consumer information or guidelines to evaluate safety and health aspects of toys, games, and sports equipment.	<ol style="list-style-type: none">1. PreK-2: After brainstorming a list of common student health and safety concerns including first aid, crossing the street, family problems, alcoholism, abuse and neglect, playground disputes, food choices, and sports injuries, students connect each concern with names and/or roles of persons who can help. (<i>connects with Social Studies</i>)3-4: Students prepare anonymous questions for a visiting community health professional based on their prior knowledge of the types of issues and problems generally dealt with by people in this role. After the visitor responds, students evaluate their questions and to whom else they might be addressed. (<i>connects with Social Studies</i>)2. PreK-2: Students make posters that explain pedestrian, bicycle, roller blade, and motor vehicle traffic rules, safety procedures, and signs (including the use of seatbelts and safety helmets). (<i>connects with Social Studies, Arts</i>)3-4: Using nutritional guidelines including the USDA food pyramid, a student team plans for and prepares healthy snacks for the week. (<i>connects with Science and Technology</i>)3. PreK-2: Learners examine toys for safety and health hazards including flammability, breakable features, small pieces that might cause choking, and their effects on play and time with family members. (<i>connects with Science and Technology, Social Studies</i>)3-4: Students consult consumer magazine articles to develop a checklist of safety features for products such as bicycle helmets, jump ropes, or shin guards, then analyze and chart the relative cost and safety features of various brands.

Learning Standard 4.

Students will identify, use, and evaluate health information and resources.

Health
Literacy
Strand

Grades 5–8 Standards	Examples
<p><i>Continue the PreK-4 Standards and:</i></p> <ul style="list-style-type: none">4. Evaluate health, safety, and nutritional advice and information.5. Analyze the validity of product health claims.6. Identify sources of useful information and help in emergencies.	<ul style="list-style-type: none">4. As a class, students interview physicians, nurses, dentists, and other health professionals to identify useful questions to ask when seeking health information and evaluating advice.5. Learners compare and contrast information on diet control and weight loss from multiple sources including various fitness clubs, exercise machine sales brochures, and publicized diets.6. Students gather and analyze first aid brochures or posters and lists of emergency and crisis phone numbers from local phone books to write and design an emergency wallet card or phone guide.



Learning Standard 4.

Students will identify, use, and evaluate health information and resources.

Grades 9–10 Standards	Examples
<p><i>Continue the PreK-8 Standards and:</i></p> <ul style="list-style-type: none">7. Research and evaluate news reports about emerging health research for accuracy and viewpoint.8. Identify and compare community resources and services available to address a particular health problem.9. Research and report on a complex health issue as it develops over time, identifying types of resources helpful at various stages.10. Identify and use criteria to evaluate health research.	<ul style="list-style-type: none">7. Selecting a specific health study or medical breakthrough, learners compare and contrast multiple news reports and news briefs from professional publications. (<i>connects with English Language Arts</i>)8. Learners obtain and chart information on treatment methods, auxiliary services, and costs related to the treatment of alcoholism.9. Students examine case studies of unintended/unwanted pregnancies, identifying ways help was or might have been accessed along a chronology from sexual encounters to decision making after pregnancy occurred, and then critique the roles of key players.10. Examining and comparing several research studies on the effects of exercise, students determine the identity of subjects (age, gender, etc.), how they were selected as treatment or control group members, whether or not those who administered treatment knew to which group the subjects belonged, and if similar results were achieved at other locations. (<i>connects with Science and Technology</i>)

Learning Standard 4.

Students will identify, use, and evaluate health information and resources.

Health
Literacy
Strand

Grades 11–12 Standards	Examples
<p><i>Continue the PreK-10 Standards and:</i></p> <ol style="list-style-type: none"><li data-bbox="146 607 851 695">11. Collect and critique self-help literature on health concerns of young adults from several sources.<li data-bbox="146 745 815 834">12. Demonstrate understanding of the procedures used in health research.<li data-bbox="146 884 797 1010">13. Apply research methods such as statistics gathering and analysis and interviewing to a health issue.<li data-bbox="146 1060 851 1149">14. Analyze the role of government in regulating food and product labeling and advertising claims.<li data-bbox="146 1199 797 1275">15. Identify and analyze ethical issues in relation to health.	<ol style="list-style-type: none"><li data-bbox="932 607 1638 922">11. Learners select a health issue such as having a parent with cancer, overcoming depression, exploring school and career options, or maintaining healthy friendships. They gather and write an analysis of the usefulness of self-help literature available from agencies, libraries, and advocacy groups.<li data-bbox="932 972 1601 1149">12. Choosing a recent health study, learners summarize its findings and evaluate them in relationship to other research. (<i>connects with Science and Technology</i>)<li data-bbox="932 1199 1601 1325">13. Learners compare the costs and benefits of different health insurance policies available to young adults. (<i>connects with Mathematics</i>)<li data-bbox="932 1375 1638 1590">14. After choosing a product or product field, students research and write descriptions of the procedures used by government agencies to test for product purity, safety, reliability, and truth in advertising. (<i>connects with Science and Technology</i>)<li data-bbox="932 1640 1638 1766">15. In teams, students debate ethical issues related to health care and advances in medical technology. (<i>connects with Science and Technology</i>)

- After collecting brochures from several doctors' offices, health services, and their local hospital, students in Ms. Moore's 7th grade talk about what they like and do not find helpful about each one. They discuss the types of information patients their age and their families generally need to know. After brainstorming a list of desired features and information, students work in groups to create brochures. They share these samples with local physicians and health administrators, learning about area services in return.
- Looking at 1950s advertisements for fitness equipment, exercise programs, and preparations claiming to insure weight loss and physical vigor, students compare them with advertisements in today's magazines and professional journals. They analyze the reliability of claims and try to determine changing perceptions of fitness and physical health.





Healthy Self-Management Strand

The study and practice of healthy self-management enables students to integrate and apply essential knowledge and skills with respect to their own health-related decisions and behaviors. As the Common Core proposes, all students should “make informed and responsible judgments regarding personal health, including avoidance of violence, tobacco, alcohol, drugs, teen pregnancy and sexually transmitted diseases.” They should also “develop skills and participate in physical activities for personal growth, fitness, and enjoyment” and manage resources including “money” and “time” so as to achieve balance and steps toward career goals and economic independence.

Learning to assume increasing responsibility for their own health-related decisions and behaviors entails self-assessment, goal-setting, and decision-making, as well as the ability to consider potential consequences and evaluate actual outcomes. One central task for health learners is to develop an understanding of risk and probability. For any individual, a specific behavior (or avoidance of it) is not likely to guarantee a long life or good health; it can, however, alter the odds of a particular outcome. By practicing a repertoire of health-promoting behaviors, students can significantly increase the likelihood of good health — be it physical, intellectual, emotional, social, or economic — for themselves, as well as for their families and communities.

For a young learner, healthy self-management might mean choosing nourishing snacks, asking for help in making a particular decision, and learning how to stay safe. An older learner might begin to maintain a personal health history, including a record of immunizations, blood type, allergies, major illnesses, and medical and dental check-ups. In high school, learners take increasing responsibility for balancing competing priorities, allocating time among study, work, and recreation, and refining and testing career goals and life plans. At all grade levels, students demonstrate age appropriate behaviors and habits that build physical, emotional, and social health.

Learning Standard 5:

Students will assess health beliefs, attitudes, and behaviors in order to set achievable goals, monitor progress, and evaluate outcomes.

Students focus on their attitudes and beliefs to become more conscious of how these affect their actions. They identify changes in personal behavior and health habits as well as new or improved skills that will improve their health. They plan concrete steps and goals, monitor progress, and evaluate outcomes, often revising their plans and setting new goals.

HOW DO I INFLUENCE MY OWN HEALTH, POSITIVELY AND/OR NEGATIVELY, BOTH NOW AND IN THE FUTURE?

WHAT ROLES DO INDIVIDUAL, FAMILY, COMMUNITY, AND CULTURAL BELIEFS AND PRIORITIES PLAY IN HEALTH DECISIONS?

WHY DO PEOPLE RELAPSE INTO UNHEALTHY BEHAVIORS AND HOW CAN THIS BE PREVENTED?



Learning Standard 5:

Students will assess health beliefs, attitudes, and behaviors in order to set achievable goals, monitor progress, and evaluate outcomes.

Healthy
Self-
Management
Strand

PreK-4 Standards	Examples
<ol style="list-style-type: none">1. Compare and contrast health habits and behaviors with guidelines approved by government and/or health agencies.2. Set a personal health goal in hygiene, nutrition, or physical exercise and measure progress towards its achievement.3. Recognize and apply strategies for managing stressful situations and conflict.	<ol style="list-style-type: none">1. PreK-2: Students mark pictures to record the number of servings of fruit and vegetables they eat during a day and compare with USDA food pyramid recommendations. (<i>connects with Mathematics</i>) 3-4: After recording their nutritional intake for several days according to the categories in the USDA food pyramid, learners compute their averages in each category. (<i>connects with Mathematics</i>)2. PreK-2: Having done the example in 1a., students set a nutrition goal such as five fruits and vegetables per day and record their intake for a week. 3-4: Based on a health-related fitness test, students decide which personal fitness component they wish to improve and set individual goals. Working with partners, they use graphs and charts to monitor progress. (<i>connects with Mathematics</i>)3. PreK-2: On the playground, students practice using verbal and non-verbal communication instead of physical force to express disagreements. 3-4: Students practice calming down techniques such as slow breathing and tightening muscles and letting go as steps to be used before verbal problem solving in a conflict situation.

Learning Standard 5:

Students will assess health beliefs, attitudes, and behaviors in order to set achievable goals, monitor progress, and evaluate outcomes.

Grades 5–8 Standards	Examples
<p><i>Continue the PreK -4 Standards and:</i></p> <ul style="list-style-type: none">4. Investigate and describe how personal responsibility for health-related decisions and behaviors can change over the life span.5. Establish and monitor progress towards personal goals in relation to adolescent health concerns.6. Identify ways to gain support from others in changing problem behaviors and maintaining healthful behaviors.7. Examine health attitudes and beliefs about sexuality and how these affect setting goals and limits.	<ul style="list-style-type: none">4. In a group of peers who are also helping younger children, students discuss child care or cross-age tutoring experiences for developmental insights. (<i>connects with Science and Technology</i>)5. Students establish a realistic health goal to achieve over one month. Students keep a written log of their progress and answer questions such as: What surprised me?, What might I do differently this coming week?, and What factors helped or hindered in attaining my objectives for this week?6. Sharing their health goals from the example above, students work with a partner to identify what things that others did and said helped them to achieve their goal.7. Eighth grade students examine definitions of “consent” and work at developing guidelines for a “Rights in Relationship” contract.

Learning Standard 5:

Students will assess health beliefs, attitudes, and behaviors in order to set achievable goals, monitor progress, and evaluate outcomes.

Healthy
Self-
Management
Strand

Grades 9–10 Standards	Examples
<p><i>Continue the PreK-8 Standards and:</i></p> <ul style="list-style-type: none">8. Develop a personal risk profile and relate it to short- and long-term health goals.9. Research, evaluate, and implement strategies to manage personal stress and improve individual health.10. Evaluate protective factors influencing personal health, plan ways to increase them, monitor progress, and revise plan.11. Identify life-management skills that contribute to achieving personal goals.12. Identify safety planning strategies used in dealing with violence in relationships or other unsafe interpersonal situations.	<ul style="list-style-type: none">8. Students gather information as available on personal health histories, environmental conditions affecting health, and individual health behaviors to identify health goals. (<i>connects with Social Studies</i>)9. In pairs, students develop individual six-week exercise plans, monitor progress, and reevaluate.10. As a class, students brainstorm ways to get in touch with supportive adults and where they can find them; e.g., coaches, school guidance counselors, youth outreach workers, clergy, extended family members, Boys and Girls Clubs, congregations, battered women's shelters, etc. (<i>connects with Social Studies</i>)11. Working in small groups, students develop a list of skills and attitudes important in parenting and a list of skills and attitudes useful in finding employment, documenting on-the-job problem solving, and assuming increased work responsibilities.12. Students interview local district attorney staff, battered women's advocates, and others to determine strategies for maintaining personal safety when confronted with a violent partner including avoidance, distancing, and terminating relationships.

Learning Standard 5:

Students will assess health beliefs, attitudes, and behaviors in order to set achievable goals, monitor progress, and evaluate outcomes.

Grades 11–12 Standards	Examples
<p><i>Continue the PreK-10 Standards and:</i></p> <p>13. Develop short-term, long-term, and lifelong personal health and fitness goals.</p> <p>14. Compare and contrast health issues associated with a variety of occupations, professions, and workplace conditions.</p>	<p>13. Students share what they think their lives will be like 1, 5, 25, and 50 years hence. Working in small groups, they brainstorm the effects of current health behaviors on future expectations.</p> <p>14. Learners share health-related information about places they and their peers are currently working or have worked. They identify the pros and cons and chart the benefits and health risks associated with various types of employment. (<i>connects with Social Studies</i>)</p>

What this looks like in the classroom/laboratory/physical education setting

In addition to interviewing parents, Ms. Walter's 9th grade family and consumer sciences class uses simulated parenting experiences to reflect on the question, "Am I ready to be a parent?" To represent a child, students use a five pound bag of flour covered with a white tube sock with stuffing for its head. Each student is given an index card with the sex of the infant, the amount of money saved for expenses or available as support. Students are instructed to keep the infant with them at all times or place it under care of a trusted person. At the end of a month, students submit a budget, their daily logs, and describe how the experience influenced their thinking about parenthood.

Learning Standard 6:

Students will demonstrate the ability to assess risk, consider potential consequences, and make health-enhancing decisions.

Healthy
Self-
Management
Strand

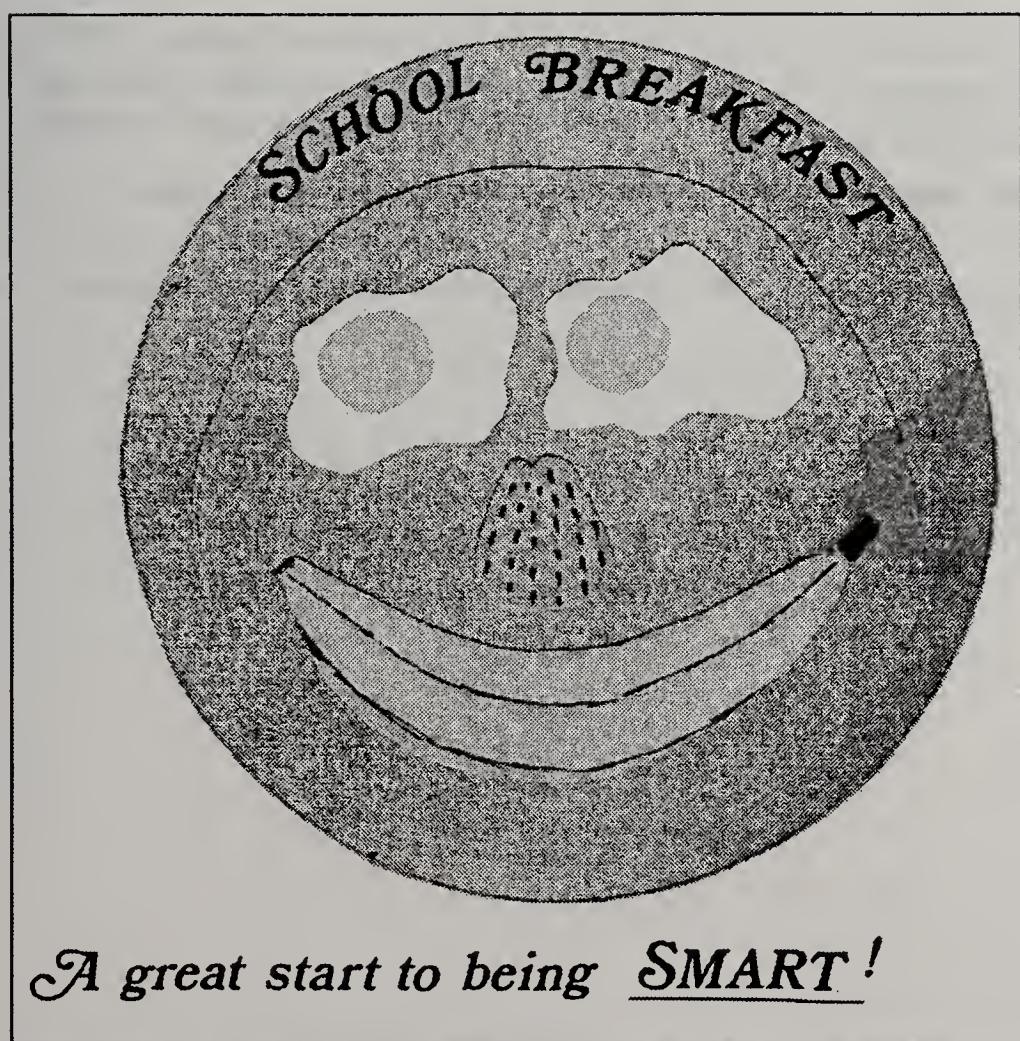
Students carefully examine how they make decisions and weigh the probable consequences of their actions. They consider the role that risk plays in their lives, both the need to take risks such as standing up for one's opinion and the need to avoid other risks associated with dangerous situations or behaviors. Students practice the art of making health-enhancing decisions and defending them.

HOW CAN WE IDENTIFY AND ASSESS VARIOUS DEGREES AND TYPES OF RISK?

**WHAT SPECIFIC BEHAVIORS POSE RISKS FOR ONESELF OR OTHERS,
NOW; IN THE FUTURE?**

**HOW CAN A PERSON BEST DETERMINE THE LIKELY CONSEQUENCES OF
HIS OR HER ACTIONS?**

WHAT QUESTIONS SHOULD ONE ASK BEFORE MAKING A DECISION?



Learning Standard 6:

Students will demonstrate the ability to assess risk, consider potential consequences, and make health-enhancing decisions.

PreK-4 Standards	Examples
<ol style="list-style-type: none">1. Identify behaviors and situations that are safe, risky, or harmful to self and others.2. Identify and practice steps in assessing risk and making responsible decisions.	<ol style="list-style-type: none">1. PreK-2: As a class, brainstorm a safety checklist for the playground. With a teacher or adult, students evaluate hazards posed by litter and unsafe behavior. They design warning signs where necessary. (<i>connects with English Language Arts</i>)3-4: In small groups, students give examples of behaviors that might pose risks for oneself and others when using various pieces of gymnastic equipment.2. PreK-2: Learners discuss risks associated with Halloween trick-or-treating and develop guidelines for examining candy with an adult before eating, crossing streets and negotiating steps while in costume, and other potential dangers.3-4: Students role play asking an adult for information, advice, and support in making a decision about whether or not to try smoking.

Learning Standard 6:

Students will demonstrate the ability to assess risk, consider potential consequences, and make health-enhancing decisions.



Grades 5-8 Standards	Examples
<p><i>Continue the PreK-4 Standards and:</i></p> <ul style="list-style-type: none">3. Demonstrate the ability to make health-enhancing decisions in the areas of substance use, violence, and sexuality.4. Identify barriers to and supports for making health-enhancing decisions.5. Develop proactive strategies for managing peer pressure.6. Investigate and give examples of the short- and long-term consequences of specific risk behaviors for oneself and others.	<ul style="list-style-type: none">3. In small groups, students make and defend choices in hypothetical situations that involve alcohol, tobacco, violence, and/or sexuality.4. Learners develop a list of questions to ask when assessing risks and making health-related decisions and write them on a pocket or wallet card.5. Role-playing in small groups, students create situations in which one student is pressured to try smoking. As a class, students analyze what each character stands to gain by his or her interactions. They discuss and evaluate strategies for responding to peer pressure.6. Students identify and give examples of myths and misinformation about risk behaviors that can lead to contracting sexually transmitted diseases including HIV infection.

Learning Standard 6:

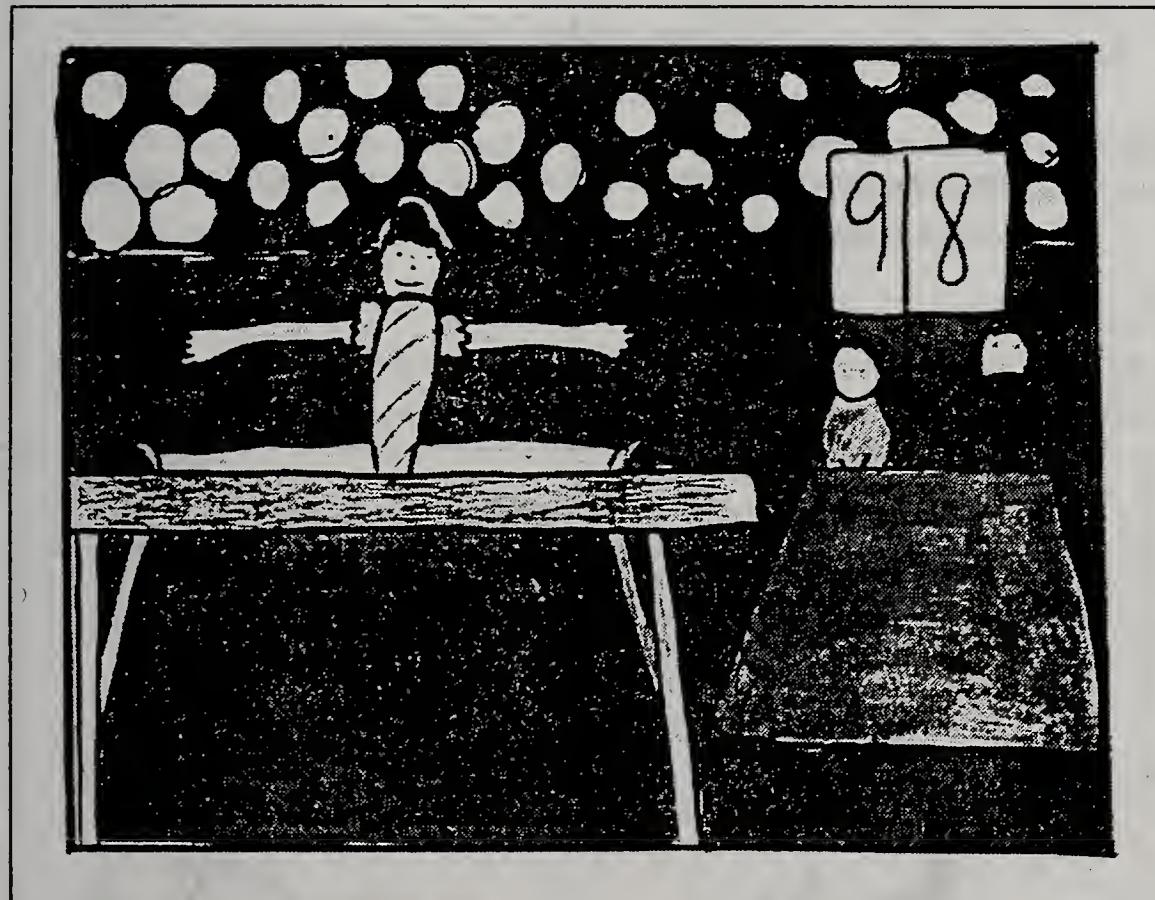
Students will demonstrate the ability to assess risk, consider potential consequences, and make health-enhancing decisions.

Grades 9–10 Standards	Examples
<p><i>Continue the PreK-8 Standards and:</i></p> <ul style="list-style-type: none">7. Demonstrate the ability to reflect on the consequences of health decisions and revise decision-making strategies.8. Recognize and distinguish types and degrees of risk encountered in daily living.9. Identify the legal, financial, social, physical and psychological consequences of potentially harmful behaviors.	<ul style="list-style-type: none">7. Selecting a previous health decision, students analyze positive and negative outcomes for themselves and others and determine improvements such as others with whom they might consult, information they might have overlooked, and/or steps that might improve the decision making process.8. Learners interview a guest speaker from a battered women's shelter and identify and list warning signs of an abusive relationship.9. In small groups, students research and discuss the policies of colleges and local businesses regarding the use of tobacco, alcohol, steroids, inhalants, and other drugs.

Grades 11–12 Standards	Examples
<p><i>Continue the PreK-10 Standards and:</i></p> <ul style="list-style-type: none">10. Conduct and analyze research on risk factors and behaviors.11. Use current research in making personal health decisions.	<ul style="list-style-type: none">10. As a class project, students research and compile statistics to document the relative prevalence of various risk behaviors in their community, Massachusetts and the nation. (<i>connects with Mathematics</i>)11. Using computer data bases, information services, networks, and school libraries, students gather data on the prevalence, prevention, and treatment of a selected disease, health condition, or health issue. Then they report to class on the implications for individual health decisions. (<i>connects with Science and Technology</i>)

**What this looks like in the classroom/laboratory/physical education setting:*

Mr. Bradley's health class sometimes sounds like a movie set. Student's raise their voices in role-play as Alicia and her friends argue about accepting a ride home from Mike who is drunk and refuses to let Tommy drive his car. Mike and Alicia's friends try to reason with Mike who takes hold of Alicia's arm. "CUT!" Mr. Bradley stops the action and begins a class discussion of the situation: What were the individual characters thinking and feeling? Why did some onlookers intervene, and others move out of the way? What risks were involved—for Alicia? for Mike? for Tommy? For others? What other strategies might have helped in this situation? Using role-play, Mr. Bradley's class is able to deal with decisions and the risks they pose in everyday life.



Learning Standard 7:

Students will manage resources and practice behaviors that protect and enhance their physical, intellectual, emotional, and social health.

Students try new behaviors from integrating new exercise habits into their daily lives to working through conflicts with different expectations. They wear safety helmets when riding bicycles, use proper eye wear in laboratory experiments, decide to postpone sexual activity or utilize safer sex practices if sexually active. They also use what they have learned about setting and monitoring goals and assessing risks to make and defend health decisions.

WHY IS THE WORD HABITS USED TO TALK ABOUT SOME HEALTH BEHAVIORS?

HOW CAN INCREASED PRACTICE OF POSITIVE BEHAVIORS HELP ME TO AVOID PREVIOUS PROBLEM BEHAVIORS?

HOW DOES PRACTICING HEALTHY BEHAVIORS IN ONE AREA OF MY LIFE AFFECT PRACTICING HEALTHY BEHAVIORS IN OTHER AREAS?



Learning Standard 7:

Students will manage resources and practice behaviors that protect and enhance their physical, intellectual, emotional, and social health.

PreK-4 Standards	Examples
<ol style="list-style-type: none"> 1. Demonstrate personal hygiene practices that stop the spread of illness and disease. 2. Use communication and problem-solving skills to set personal boundaries, resolve conflicts, and develop positive relationships. 3. Use knowledge of exercise, nutrition, rest, resource management, and recreation to maintain and improve personal health. 4. Demonstrate strategies for preventing and treating common injuries. 5. Demonstrate ways to get assistance in dangerous or threatening circumstances. 	<ol style="list-style-type: none"> 1. PreK-2: Responding to a classroom visit by a dentist teaching proper tooth brushing techniques, students and teachers decide to institute daily tooth brushing practice after lunch. 2. PreK-2: Students create a card for a friend or relative expressing appreciation for sharing or doing something together. (<i>connects with English Language Arts, Arts</i>) 3. PreK-2: Learners use role playing to demonstrate resolving conflicts in school and on the playground and identify techniques useful in preventing violence. 3-4: Students wash hands, utensils, and surfaces when preparing, serving, and cleaning up after a classroom snack. 3. PreK-2: Using a personal log, students record measurements of improvements in muscular strength and endurance, and heart and breathing rates accompanying exercise. (<i>connects with Mathematics</i>) 3-4: In small groups, learners discuss ways to better manage their time in order to get adequate rest, have time for play and socializing, and be able to eat meals or get places without having to rush. 4. PreK-2: In the classroom, students work with the school nurse to learn basic first aid procedures. 3-4: Before physical activity, students use warm up exercises and explain how they prevent injuries. 5. PreK-2: Students role play telephoning “0,” 911, police, and/or fire departments giving name, address, and other critical information. 3-4: As a class, students brainstorm a list of persons to whom they could turn with concerns about peer and family violence and identify important qualities to look for in these people.

Learning Standard 7:

Students will manage resources and practice behaviors that protect and enhance their physical, intellectual, emotional, and social health.

Grades 5–8 Standards	Examples
<p><i>Continue the PreK-4 Standards and:</i></p> <ul style="list-style-type: none">6. Describe the personal benefits of making positive health decisions and working to attain health goals.7. Identify and demonstrate strategies for resolving conflict and building positive relationships.8. Demonstrate skills used to care for infants and young children.9. Demonstrate first aid skills and injury prevention strategies used in sports, hobbies, and leisure activities.10. Demonstrate refusal and negotiation skills when pressured to engage in violence, substance abuse, or sexual activity.	<ul style="list-style-type: none">6. In physical education class, students document individual progress towards personal fitness goals and discuss ways their increased fitness has benefited them in other areas.7. Working with the guidance counselor, students train to be peer mediators, applying communication and conflict resolution skills in school settings.8. Learners pass an accredited baby sitting course.9. Students learn skills to achieve certification in CPR.10. In small groups in an eighth grade class, students role play resisting another person's unwanted sexual advances and then discuss alternative refusal strategies.

Learning Standard 7:

Students will manage resources and practice behaviors that protect and enhance their physical, intellectual, emotional, and social health.



Grades 9–10 Standards	Examples
<p><i>Continue the PreK-8 Standards and:</i></p> <ul style="list-style-type: none">11. Identify and demonstrate helpful ways to discuss sexuality, violence, and substance abuse with a parent, other adult, or friend.12. Document personal health history.13. Identify and practice resource management skills that are needed to maintain and improve health.14. Demonstrate using feedback to improve communication and assertiveness skills.	<ul style="list-style-type: none">11. Learners role play talking about sexuality with a parent or other trusted adult and discuss what they find difficult and/or useful.12. Students initiate and maintain a personal health record including blood type, allergies, immunizations, etc.13. Working within a limited budget, students plan a week of nutritious meals for a family of four (connects with Mathematics)14. After hearing group comments on their role play of a situation in which they attempted to express feelings and met disapproval, students try using suggested assertiveness strategies.

Learning Standard 7:

Students will manage resources and practice behaviors that protect and enhance their physical, intellectual, emotional, and social health.

Grades 11–12 Standards	Examples
<p><i>Continue the PreK-10 Standards and:</i></p> <p>15. Demonstrate the effectiveness of continued, regular practice of positive health behaviors in overcoming setbacks and relapse and achieving health goals.</p> <p>16. Demonstrate the ability to complete personal health forms and report personal health information clearly and accurately.</p>	<p>15. Working in pairs, students analyze their journals in which they write about their personal reactions to regular physical exercise. They identify and discuss times when they found it difficult, plateaus, and breakthrough experiences. <i>(connects with English Language Arts)</i></p> <p>16. As a class project, students gather and practice completing sample personal health history forms used by college admissions departments, employers, physicians, and hospital admissions departments and discuss.</p>

What this looks like in the classroom/laboratory/physical activity setting

- Seventh grade students face an eight-foot wall as part of their health project. In small groups, they work to help one another over the wall, solving problems and displaying teamwork and sensitivity to physical, mental, and emotional differences. Talking about their successes gives them information on ways to communicate and work with others. They write articles about their experience for the school newspaper.
- Collaborating with a partner, fourth grade students use a mathematical formula to calculate their target maximum heart rate range. After vigorous exercise, they measure each other's heart rate and record and compare it with the target rate. Students use data about the duration and intensity of their exercise to establish a baseline against which they measure improved endurance.



Health Promotion and Advocacy Strand

The Common Core calls upon students to “demonstrate personal, social and civic responsibility,” to “participate in meaningful community and/or school activities,” and to “develop skills to analyze the environmental issues that face them today and that will challenge them tomorrow.” Through health promotion and advocacy, students demonstrate the competence to use information and services in ways that benefit themselves, their friends, their families and communities. Students develop a clearer understanding of their personal, social, and civic responsibilities; treat others with respect; learn to resolve disagreements, reduce conflict, and prevent violence; and act on informed opinions to improve health and well-being in their communities.

Good communication skills are critical to health promotion. Students learn how to present information about health in ways that promote responsible actions and avoid perpetuating misinformation and myths.

Students can find purpose as well as pleasure in contributing to the health of their own families. Helping to care for an infant or an elderly relative is an opportunity to use information that has been learned, to acquire new insights, and to feel useful and valued. They look for ways to improve the quality of relationships in their classrooms, schools, and community. By making improvements in the health of the natural environment and the physical safety of their communities students learn to build coalitions and mobilize others. They learn that their actions can make a difference. Students work with families, school staff, and community members to determine concrete steps they can take to build a strong social fabric that supports resilience.

Our society must restore essential values of compassion, courage, honesty, justice, perseverance, respect, and self-discipline at home, in school and in the workplace. We all must learn to get along with others, work cooperatively, participate in our communities and avoid and prevent violence.

The Massachusetts Common Core of Learning

Learning Standard 8:

Students will communicate health information clearly and accurately.

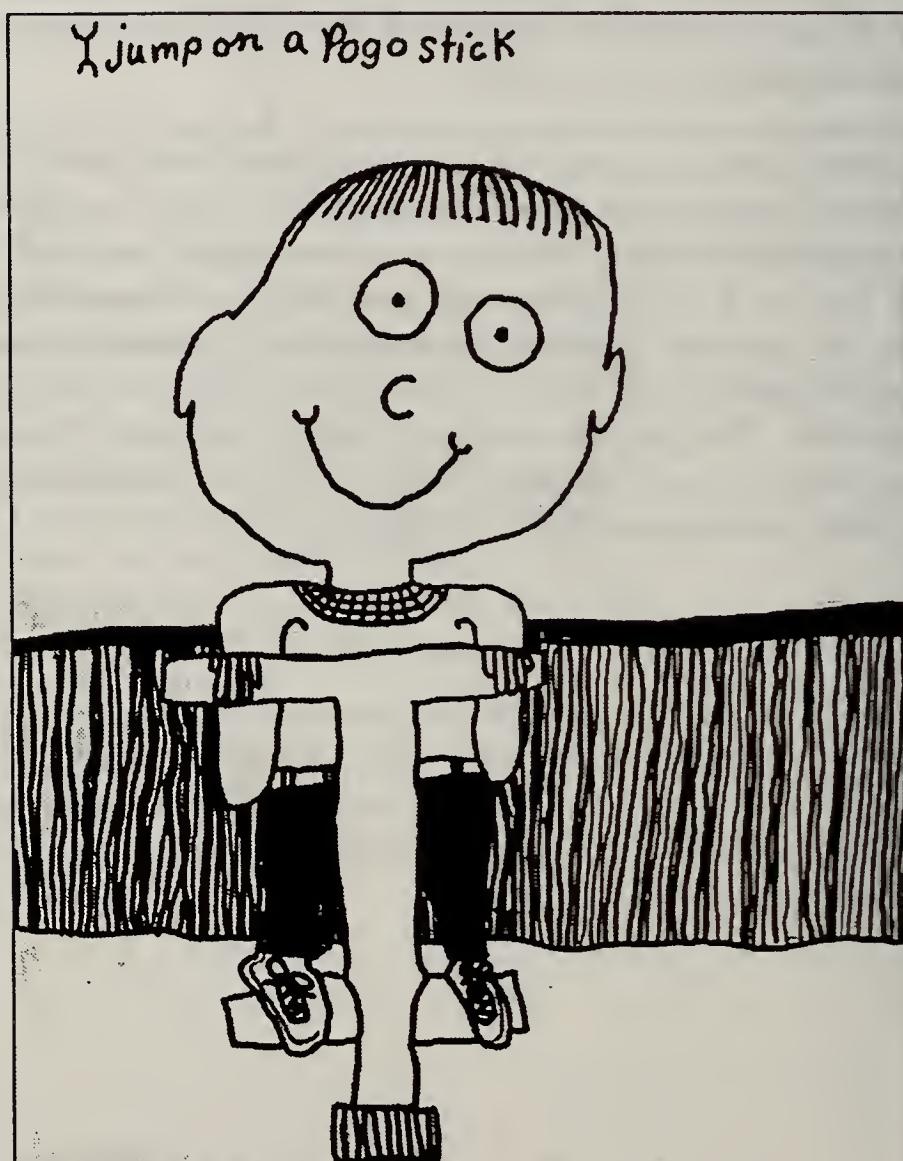
Students communicate health information through a variety of means. They create resources for their schools and communities from posters to community bulletin boards on cable television. They help set up and run health fairs, fitness and sports events, parent and student forums, and access centers in schools. Students disseminate health information through newsletters, school announcements, presentations, and telecommunications.

IS THIS HEALTH INFORMATION WORTH SHARING? WITH WHOM?

HOW CAN ONE AVOID COMMUNICATING MISINFORMATION?

HOW CAN ONE HELP OTHERS INTERPRET CONFLICTING HEALTH RESEARCH AND OPINIONS?

HOW CAN MEDIA AND TECHNOLOGY BE USED TO MAKE HEALTH INFORMATION MORE AVAILABLE?



Learning Standard 8:

Students will communicate health information clearly and accurately.



PreK-4 Standards	Examples
<ol style="list-style-type: none">1. Identify and practice communication skills.2. Locate and use health information in the school library.3. Identify and disseminate useful health and safety information.	<ol style="list-style-type: none">1. PreK-2: In a game of "telephone," the teacher whispers "always wash your hands before eating" to the student sitting next to her in the circle. The message is passed around the circle until it returns to the teacher. The class discusses ways that information can get distorted. (<i>connects with English Language Arts</i>) 3-4: When the school nurse visits the classroom, students ask questions about health topics of interest. Afterwards, they discuss language and ways of asking questions that can help them to get clear answers. (<i>connects with English Language Arts</i>)2. PreK-2: Working with the school librarian, a small group helps to organize a book display and bulletin board about concerns such as losing teeth, sports injuries, and medical and dental checkups. (<i>connects with Arts</i>) 3-4: In a unit on environmental studies, students research relationships between asthma and household pets using books, articles, and on-line resources, if available. (<i>connects with Science and Technology, English Language Arts</i>)3. PreK-2: Writing a booklet on their school, learners identify and explain school policies, safety procedures, and rules about running in the hall, following fire drill instructions, and/or using gym equipment. (<i>connects with English Language Arts, Arts</i>) 3-4: Students design posters for classroom rules such as "use words instead of hitting" and for other procedures useful in resolving conflict without violence.

Learning Standard 8:

Students will communicate health information clearly and accurately.

Grades 5–8 Standards	Examples
<p><i>Continue the PreK-4 Standards and:</i></p> <ul style="list-style-type: none">4. Identify diseases, health conditions, and injuries that can be prevented and demonstrate ways of clarifying and sharing preventive health and safety information in school.5. Distinguish between health facts and misinformation and present findings to others.	<ul style="list-style-type: none">4. As a class, students research and produce a theatrical presentation on tobacco use and answer their audience's questions. (<i>connects with Arts</i>)5. Studying a Science and Technology unit on diseases and the immune system, learners make a list of myths and facts about HIV/AIDS and review it for accuracy with a guest expert and persons with the disease.

Grades 9–10 Standards	Examples
<p><i>Continue the PreK-8 Standards and:</i></p> <ul style="list-style-type: none">6. Identify and share sources of valid, up-to-date health and safety information.7. Demonstrate ways to obtain and disseminate information used in analyzing differing viewpoints on a health issue and/or conflicting claims about a health product.	<ul style="list-style-type: none">6. As a class project, students compile a resource and referral booklet describing community health services and opportunities for volunteering. (<i>connects with English Language Arts</i>)7. In teams, students prepare a classroom debate on the safety of a local waste disposal site. (<i>connects with English Language Arts</i>)

Learning Standard 8:

Students will communicate health information clearly and accurately.



Grades 11–12 Standards	Examples
<p><i>Continue the PreK-10 Standards and:</i></p> <ul style="list-style-type: none">8. Inform the community and/or student families about student health concerns.9. Use technology to disseminate current health information.10. Identify and demonstrate ways to use media in promoting health.11. Identify and share current information on health careers and health-related occupations, helping others relate it to plans for college support and financial independence.	<ul style="list-style-type: none">8. Working with the health coordinator, a student group plans a community-wide forum with workshops on adolescent health concerns for students, their families, school staff, and community leaders.9. Using their local cable TV station, students create and maintain a community health bulletin board listing free screenings, lectures, and clinics.10. In order to help design a public health campaign, students participate in focus groups discussing ways to reach young men about the potential risks and responsibilities associated with teenage fatherhood.11. In small groups, students interview practicing professionals and college students to explore the market and licensing requirements for careers such as psychologist, physical therapist, emergency medical technician, dental technician, child-care provider, and home health aide. They note how some health-related careers can help pay college bills and provide stepping stones to others.

*What this looks like in the classroom/laboratory/physical activity setting:

Elementary students working with the Health Coordinator, physical education teachers, and parents help to publicize a family night on physical fitness. The thirty exhibits include gymnastics, orienteering, and local sports and health club facilities. Students draw posters that are displayed around the school and assist with plays, game booths, and interactive exhibits.

Learning Standard 9:

Students will promote health and collaborate to build safe and supportive social environments.

Students promote the health of others by caring appropriately for their health needs and showing others how to maintain and improve health habits. They promote awareness of healthy behaviors and sources of support for others maintaining and improving personal health. They work with others to improve the physical safety and social environment of their schools and communities. Students also prepare to respond to emergencies by learning first aid techniques.

HOW CAN I USE MY HEALTH KNOWLEDGE TO HELP OTHERS?

**WHAT CHANGES WOULD MAKE OUR SCHOOL FRIENDLIER
AND MORE WELCOMING?**

WHAT KINDS OF ACTIVITIES BUILD TRUST AND COMMUNITY?

**HOW CAN WE RAISE AWARENESS OF SUPPORT SERVICES IN OUR SCHOOL
AND COMMUNITY?**



Learning Standard 9:

Students will promote health and collaborate to build safe and supportive social environments.



PreK–4 Standards	Examples
<ol style="list-style-type: none">1. Identify and apply appropriate ways of showing care and concern for persons who are sick, have health problems, or are living with a disability.2. Identify and demonstrate ways to help others acquire and maintain good health habits.3. Identify ways to improve the health and physical safety of the school environment.4. Demonstrate ways to improve the social environment of the classroom, playground, and gym.5. Demonstrate active listening and cooperation in small groups.	<ol style="list-style-type: none">1. PreK-2: As a class, students organize and participate in a school-wide food drive for the local food pantry. 3-4: Students write and discuss stories about real or fictitious situations in which they care for a sick person. (<i>connects with English Language Arts</i>)2. PreK-2: Working with the school food service director, learners create nutritional snack recipes for the parent newsletter. (<i>connects with English Language Arts</i>) 3-4: Students work with parents and others to develop and disseminate a list of alternative family activities for a TV-free week. (<i>connects with Social Studies</i>)3. PreK-2: Working with family volunteers, students clean up school grounds and plant flowers. 3-4: Working with the custodian, students analyze how to improve cafeteria procedures and behaviors to facilitate clean-up and minimize food wastage.4. PreK-2: Learners explore ways to deal with bullying, teasing, and name calling. 3-4: Students design posters and bulletin boards on the theme of 3Rs—Rights, Responsibilities, and Respect. They draw and write about examples of behavior and policies that reflect the 3Rs throughout the school. (<i>connects with Arts</i>)5. PreK-2: Students discuss and practice ways to make all students feel welcome and listened to at morning meeting including welcoming rituals and responding to ideas and stories with acknowledgments and/or questions. 3-4: With a partner, students play a listening game, restating in their own words an opinion that their partner has just stated.

Learning Standard 9:

Students will promote health and collaborate to build safe and supportive social environments.

Grades 5–8 Standards	Examples
<p><i>Continue the PreK-4 Standards and:</i></p> <ul style="list-style-type: none">6. Develop caregiving skills under supervision.7. Identify and promote opportunities for others to develop and practice health-related skills.8. Identify community health initiatives/observances.9. Identify and initiate improvements in the school social environment.10. Identify opportunities to join family members or other adults in school or community health discussions.	<ul style="list-style-type: none">6. In a small group, students respond to the developmental and health needs of infants or young children in a childcare setting and discuss together with their supervisor. (<i>connects with Science and Technology</i>)7. Working with parents and after-school board members, students organize and take part in an after-school course on safety and first-aid procedures used in baby sitting.8. Students identify community events such as walk-a-thons, fund-raisers, forums, and screenings and write about how they support community health. Where appropriate, students elect to participate with the permission of or accompanied by parents or guardians.9. Working with the guidance counselor, older students plan and take part in an orientation and mentoring program for incoming students.10. In class, eighth grade students develop a list of questions and use them to interview parents or adult family members and write about how health issues, needs, and peer pressure are different from and/or similar to those their parents and adult family members faced when they were teens.

Learning Standard 9:

Students will promote health and collaborate to build safe and supportive social environments.



Grades 9–10 Standards	Examples
<p><i>Continue the PreK-8 Standards and:</i></p> <ol style="list-style-type: none">11. Collect and disseminate information on the availability of student health services.12. Teach about and model healthful behaviors to peers and other students.13. Identify and evaluate opportunities for service and advocacy in community health organizations.14. Identify and implement strategies to improve social environments.15. Analyze difficult relationship situations identifying ways to improve communication and to offer or obtain help.	<ol style="list-style-type: none">11. Collaborating with a local health agency, students develop a pocket "Teen Yellow Pages" listing community health services and opportunities for volunteering. They translate the booklet into the various languages used in their community. (<i>connects with World Languages</i>)12. Under supervision of the school guidance counselor, students staff a drop-in center where they mediate disputes and counsel others about health decisions.13. Students choose two opportunities for volunteer service and advocacy in community health organizations and write about how each might fit their commitments, personal needs, and plans for careers and further education.14. Students organize a gay-straight student alliance to promote awareness of state laws and respond to prejudice and/or violence based on sexual orientation.15. Learners identify ways to help friends express concern about unsafe personal situations.

Learning Standard 9:

Students will promote health and collaborate to build safe and supportive social environments.

Grades 11–12 Standards	Examples
<p><i>Continue the PreK-10 Standards and:</i></p> <ul style="list-style-type: none">16. Design and evaluate an action plan for a community or school organization/group that promotes health, physical fitness, and/or personal safety.17. Promote community-level responses to health or safety problems identified by students or the school community.18. Evaluate a coordinated intervention to improve school/community social environment.	<ul style="list-style-type: none">16. In small groups, students report periodically on experiences and difficulties encountered in activities such as coaching youth soccer, assisting with a local scout group, or supporting others through group membership in organizations such as Students Against Driving Drunk.17. Collaborating with town agencies, a class identifies the need for their neighborhood to discuss and respond to developing traffic safety problems. Students write and present research papers for a local forum/teach-in.18. As a class project, students create and perform in a play to improve community understanding of similarities and differences. They write evaluations of its effectiveness based on a follow-up discussion with the audience, observations, and interviews.

**What this looks like in the classroom/laboratory/physical activity setting:*

- Middle school students in an urban neighborhood work with community organizations to identify vacant lots that need to be monitored for the illegal dumping of waste and toxic materials. They write research papers about what these lots could look like and how their community might use them as parks, playgrounds, or gardens. Together with their families, they participate in clean-up, replanting, and beautification efforts. Grants have helped create several environmental education jobs for students.
- A police officer and two 14-year old students present the results of their tobacco sales compliance check to Mr. Power's sixth grade class. Students discuss the illegal sale of tobacco to minors and the role of local tobacco ordinances and their enforcement in supporting healthy behaviors. The students also put together a summary report of their findings over several months and share it with elected officials in their town government.
- An 11th grade student team is investigating the relationship between the availability of treatment for drug abuse and the number of incarcerations for drug-related offenses. Working with data analysis software, they are comparing statistics for men and women (with and without children). They interview community service representatives and law enforcement officials to determine the success rates and relative cost of incarceration compared to treatment. They explore how health policies are developed in our society.



Appendix A

Getting Started

Implementing the Massachusetts Comprehensive Health Curriculum Framework requires coordinated effort over a period of time. Each district or school needs to develop its own strategy for mapping out “do-able” actions, involving families and communities in a multi-year plan that is integrated with other education reform and school improvement efforts.

Using the Framework as a guide, teachers and administrators must make decisions about health curriculum, instruction, and assessment at the local level. Through a self-study process, like that outlined in Chapter Four of *Charting the Course: The Common Chapters of the Massachusetts Curriculum Frameworks*, a school or district can assess its current programs, consider local needs, and address a number of key curricular issues at the local level. Among the questions teachers, administrators, and family and community members frequently ask are:

- Which aspects of comprehensive health education — including health, family and consumer sciences, and physical education — are currently being taught in the school or district? What does the curriculum cover at the elementary, middle, and high school levels? Which areas need strengthening?
- Do teachers of health, physical education, and family and consumer sciences collaborate in planning and integrating their disciplines?
- Does each and every student in the school or district study comprehensive health education from preschool throughout the high school? What skills do they learn? Can high school students interested in health careers find adequate preparation in their school or district?
- Does health-related instruction and assessment at every grade level require that students demonstrate their ability to:
 - Obtain, understand, and think critically about health information and services;
 - Develop a repertoire of skills in movement and life management skills and understand their importance to lifelong health;
 - Integrate and apply essential knowledge and skills with respect to their own health-related goals, decisions and behaviors;
 - Apply health-related knowledge and skills in ways that promote the health of their friends, families, and communities?
- Do teachers of health, family and consumer sciences, and physical education use a variety of strategies, as outlined in Chapter Two of *Charting the Course: The Common Chapters of the Massachusetts Curriculum Frameworks*, to meet the needs of students’ diverse learning styles?

- Is adequate time, funding, and space allocated for comprehensive health education?
- Is comprehensive health education closely coordinated with school guidance counseling and psychological services? With school health services? With school food and nutrition services?
- Does the comprehensive health program actively involve parents and other family members?
- In what ways does health-related education, as well as other aspects of the school health program, interface with community agencies and organizations? Which of these relationships need to be formalized?
- Do all adults in the school participate in personal as well as school-wide health promotion?
- How do teachers use health topics to help students understand aspects of culture and history, as well as similarities and differences among people?
- Do PreK-12 teachers of health, physical education, and family and consumer sciences in the district meet regularly to discuss curriculum, instruction, and assessment issues? Do they collaborate in planning and team-teaching with other members of the faculty?
- Have teachers agreed upon and written guidelines for assessment of student learning? Have they shared these with students and families?
- What is the school or district plan for helping teachers, administrators, and family members understand the Comprehensive Health Education Framework and define their role in its implementation?
- Does the school or district provide ongoing professional development and staff training for those who teach comprehensive health education?
- How does the school or district document its comprehensive health curriculum and share students' accomplishments with families and the community?

There are many ways to go about developing or revising a comprehensive health curriculum; there is no “one right way” for all districts to follow. The *Comprehensive Health Framework* brings together the interrelated disciplines of health education, physical education, and family and consumer sciences, but it is not organized around these disciplines, nor around the traditional health content areas. This Framework is organized around its core concept, *Building Resilience*, and three strands: **Health Literacy**, **Healthy Self-Management**, and **Health Promotion and Advocacy**. It is intended to challenge school personnel to reexamine the importance of comprehensive health education in the context of a comprehensive school health program, and to expand their understanding of what comprehensive health education is all about. It is founded on the belief that comprehensive health education is critically important to the development of individuals who are lifelong learners, healthy citizens, productive workers, and constructive contributors to their communities.

The following suggestions outline some steps for examining the school’s role in building resilience through a comprehensive health curriculum. These are intended only as suggestions. The Resource section lists a number of print materials and other organizational resources that can be of assistance to schools in this planning and implementation process. Members of the Framework Committee (page *iii*) and the Health Protection Grant Mentors can also help in getting started.

The First Step: Finding Connections Between What You Already Do and the Comprehensive Health Framework

- Do an inventory of effective lessons, units, and projects already in place. Include health-related content that is taught within the disciplines of family and consumer sciences, physical education, and health, as well as curricular contributions of others such as guidance counselors and school nurses.
- Consider how these existing efforts fit with the Framework’s three Strands and nine Learning Standards.
- Choose one Strand, or perhaps one Learning Standard, that parallels your current teaching emphasis. Create a teaching portfolio that documents lessons, assessments, and student work reflecting that Strand. The Guiding Principles in the *Comprehensive Health Framework*, as well as Chapter Two of *Charting the Course: the Common Chapters of the Massachusetts Curriculum Frameworks* will help provide a broad educational context for the Strand you have selected.
- Share your portfolio with teachers (physical education, family and consumer sciences, and health, as well as other disciplines), and other school staff (including guidance and adjustment counselors, school nurses, coaches, administrators). Start to build a school or departmental portfolio that reflects the Framework.

The Second Step: Looking for the Challenges in the Framework

- Choose a Strand or Learning Standard that challenges you. Work with colleagues to develop lessons, try them with students, and document your progress to add to your portfolio.
- Investigate how other teachers present material for this Strand or Learning Standard, and think about the influence of school schedules and teaching assignments on your ability to help students meet this standard. Visit classes in your own or another district, look for conferences or courses which will help you learn more about this area, use the Resource Section of the Comprehensive Health Framework. Consult Chapter Three of *Charting the Course: the Common Chapters of the Massachusetts Curriculum Frameworks* for ideas on creative use of time, space, and school resources.
- Develop a presentation on some aspect of this Framework to share with colleagues in your school or district.

The Third Step: Building a District Curriculum Based on the Framework

- Using this Framework and the portfolios of lessons and student work developed by teachers in the district, collaborate on a PreK-12 comprehensive health curriculum guide for the district.
- Use the Comprehensive Health and other Frameworks to develop interdisciplinary curriculum units. Look for common themes and approaches among health, family and consumer sciences, and physical education, as well as ideas that are shared with other disciplines. Incorporate the expertise of school staff who work with other components of the school health program (school nurse, psychologist, guidance counselor, adjustment counselor, social worker, food service director, etc.). Work with a colleague to plan and teach material which challenges you and your students as learners; document the work to add to your portfolio.
- Share your curriculum with families, and your experiences as a team of curriculum developers with teachers in other districts.

Improving Comprehensive Health Education: What Partners Can Do

Teachers of Health, Family and Consumer Sciences, and Physical Education	<p>Teach the essential knowledge and skills of Health Literacy, Healthy Self-Management, and Health Promotion and Advocacy</p> <p>Inspire students to develop responsible health attitudes and behaviors</p> <p>Collaborate with other teachers, community agencies and organizations, businesses and industry, and families to promote students' health learning and resilience</p> <p>Document and disseminate successful projects</p>
Health coordinators	<p>Provide direction and resources to teachers, and assure that the district curriculum provides comprehensive health education to each and every student</p> <p>Work with all teachers and administrators to ensure PreK-12 coordination of comprehensive health curriculum</p>
Teachers of other disciplines	<p>Integrate comprehensive health concepts and physical activity into their teaching</p> <p>Plan and conduct interdisciplinary projects with teachers of health, physical education, and/or family and consumer sciences</p>
Superintendents, Principals, School Committee Members, and School Advisory Committees	<p>Provide leadership to develop a philosophy and healthful school environment in which health learning and health promotion are valued</p> <p>Make decisions about staffing, budgets, schedules, and programs to support comprehensive health education as part of a comprehensive school health program</p>
School psychologists, guidance counselors, adjustment counselors, nurses, health services directors, food services directors, and other staff	<p>Collaborate with teachers and administrators, both in and out of the classroom, to promote health and learning, and build student resilience</p>

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Family members	<p>Advocate for planned, sequential comprehensive health programs such as that outlined in the Framework</p> <p>Contribute their knowledge, skills, and expertise in the classroom</p> <p>Support and enrich students' health learning in the context of family beliefs, heritage, and culture</p> <p>Encourage students' physical activity and other healthful behavior outside of school</p>
Higher education faculty	<p>Provide professional development and pre-service training</p> <p>Serve elementary and secondary school educators by fostering informal ongoing networks of teacher/researchers</p> <p>Conduct and publish research on comprehensive health education, its importance to academic achievement and to individual and community health, and in creating effective schools</p>
Professional associations	<p>Provide a meeting ground for comprehensive health education advocates — parents, teachers, professors, providers — by sponsoring conferences and publications</p> <p>Develop and disseminate guidelines for comprehensive health curricula, and for school health programs</p>
Businesses	<p>Advocate for comprehensive health education and school health programs that contribute to developing a healthy and capable workforce</p> <p><u>Provide financial support for comprehensive health education</u></p> <p>Offer internship opportunities that help students apply health learning in the workplace and explore health careers</p>
Private voluntary health organizations such as the American Cancer Society, American Heart Association, American Lung Association, etc.	<p>Provide curricular materials in specific health content areas</p> <p>Provide advocacy and financial support for planning and implementation of comprehensive health education</p> <p>Provide teacher training in comprehensive health areas</p>

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Community organizations	<p>Collaborate with comprehensive health teachers and other faculty to expand health-related learning and activities</p> <p>Collaborate with and support families in enriching health-related learning</p> <p>Offer opportunities to students for community service learning</p>
State agencies such as the Department of Education and Department of Public Health	<p>Encourage study groups, institutes, school alliances, and networks to disseminate ideas about implementing the Comprehensive Health Framework</p> <p>Offer programs to support innovative teaching and connections between schools, health agencies and organizations, and community groups</p> <p>Provide links to national initiatives in health education, physical education, and family and consumer sciences, and with respect to comprehensive school health programs</p> <p>Offer technical assistance to school districts in designing comprehensive health curricula and programs</p>

Appendix C

The Massachusetts Common Core of Learning

(Adopted by the Massachusetts Board of Education, July 1994)

THINKING AND COMMUNICATING

All students should:

READ, WRITE, AND COMMUNICATE EFFECTIVELY

- Read and listen critically for information, understanding, and enjoyment.
- Write and speak clearly, factually, persuasively, and creatively in standard English.
- Distinguish fact from opinion, identify stereotyping, and recognize bias.
- Read, write, and converse in at least one language in addition to English.

USE MATHEMATICS, THE ARTS, COMPUTERS, AND OTHER TECHNOLOGIES EFFECTIVELY

- Apply mathematical skills to interpret information and solve problems.
- Use the arts to explore and express ideas, feelings, and beliefs.
- Use computers and appropriate technological methods to acquire, organize, and communicate information and to solve problems.

DEFINE, ANALYZE, AND SOLVE COMPLEX PROBLEMS

- Make careful observations and ask pertinent questions.
- Seek, select, organize, and present information from a variety of sources.
- Analyze, interpret, and evaluate information.
- Make reasoned inferences and construct logical arguments.
- Develop, test, and evaluate possible solutions.
- Develop and present conclusions through speaking, writing, artistic, and other means of expression.

GAINING AND APPLYING KNOWLEDGE

All students should:

ACQUIRE, INTEGRATE, AND APPLY ESSENTIAL KNOWLEDGE

Common
Core of
Learning

LITERATURE AND LANGUAGE

- Read a rich variety of literary works including fiction, poetry, drama, and nonfiction from different time periods and cultures, relating them to human aspirations and life experiences.
- Analyze implications of literary works, and communicate them through speaking, writing, artistic, and other means of expression.
- Know and understand the development and structure of English and other languages and how learning another language fosters appreciation of people and cultures.

MATHEMATICS, SCIENCE & TECHNOLOGY

- Know and understand the major mathematical concepts such as measurement, estimation, quantity, probability and statistics; and explore the relationship of mathematics to other areas of knowledge.
- Recognize and use patterns, construct mathematical models, represent and reason about quantities and shapes, draw accurate conclusions from data, and solve, justify, and communicate solutions to problems.
- Apply the fundamental principles of the life sciences, physical sciences, earth/space sciences, and the science of technology to analyze problems and relate them to human concerns and life experiences.
- Investigate and demonstrate methods of scientific inquiry and experimentation.

SOCIAL STUDIES, HISTORY, AND GEOGRAPHY

- Know and make connections among important historical events, themes, and issues; recognize the role the past has played in shaping the present; and understand the process by which individuals and groups develop and work within political, social, economic, cultural and geographic contexts.
- Synthesize and communicate information about important events and fundamental concepts in Massachusetts, United States, and world history, including historical documents such as the Declaration of Independence, Constitution, Bill of Rights, Federalist Papers, and the Gettysburg Address.
- Know important information regarding the physical environment and understand concepts such as location and place, critical features of a region, demographic trends and patterns, and the relationship between people and the environment.

VISUAL AND PERFORMING ARTS

- Know and understand the nature of the creative process, the characteristics of visual art, music, dance, and theatre, and their importance in shaping and reflecting historical and cultural heritage.
- Analyze and make informed judgments regarding the arts.
- Develop skills and participate in the arts for personal growth and enjoyment.

HEALTH

- Know basic concepts of human development, mental health, sexuality, parenting, physical education and fitness, nutrition, and disease prevention, and understand the implications of health habits for self and society.
- Make informed and responsible judgments regarding personal health, including avoidance of violence, tobacco, alcohol, drugs, teen pregnancy, and sexually transmitted diseases.
- Develop skills and participate in physical activities for personal growth, fitness, and enjoyment.

All students should:

STUDY AND WORK EFFECTIVELY

- Set goals and achieve them by organizing time, work space, and resources effectively.
- Monitor progress and learn from both successes and mistakes.
- Manage money, balance competing priorities and interests, and allocate time among study, work, and recreation.
- Work both independently and in groups.
- Work hard, persevere, and act with integrity.

DEMONSTRATE PERSONAL, SOCIAL, AND CIVIC RESPONSIBILITY

- Accept responsibility for one's own behavior and actions.
- Know career options and the academic and occupational requirements needed for employment and economic independence.
- Treat others with respect and understand similarities and differences among people.
- Learn to resolve disagreements, reduce conflict and prevent violence.
- Participate in meaningful community and/or school activities.
- Understand the individual's rights, responsibilities, and roles in the community, state, and nation.
- Understand how the principles of democracy, equality, freedom, law and justice evolve and work in society.
- Analyze, develop, and act on informed opinions about current economic, environmental, political and social issues affecting Massachusetts, United States, and the world.

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- 9 See "Reflections on Child Development and Education," James P. Comer, MD, in *Reflections, Personal Essays by 33 Distinguished Educators*, ed. Derek Burleson, Phi Delta Kappa Educational Foundation, Bloomington, IN, 1991, pp. 781-83, and "New Haven's School-Community Connection," James P. Comer, in *Educational Leadership*, March 1987, pp. 13-16, and "Mobilizing Resources Within the Schools to Better Serve Children At-Risk," Edward T. Joyner, Wisconsin Department of Public Instruction, Bureau of Pupil Services, Madison, WI, May 1989, pp. 1-19 and "Educating Poor Minority Children," James P. Comer, in *Scientific American*, Vol. 259, No. 5. Nov, 1988, pp. 42-48.
- 10 M. Jocelyn Elders, MD, from the Foreword to *The Comprehensive School Health Challenge*, Santa Cruz, ETR Associates, 1994, Vol. 1, pp. iv.
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National Professional Associations

American Academy of Pediatrics
141 Northwest Point Blvd., PO Box 927, Elk Grove, IL 60009 (312)228-5005

American Alliance for Health, Physical Education, Recreation and Dance
1900 Association Drive, Reston, VA 22091 (703)476-3467

American Association of Family and Consumer Sciences
1555 King Street, Alexandria, VA 22314 (703)706-4600 (800)424-8080

American Dental Association
211 E. Chicago Avenue, Chicago, IL 60611 (312)440-2865

American Medical Association
535 N. Dearborn Street, Chicago, IL 60610 (312)645-5315

American Public Health Association
1015 15th Street NW, Washington, DC 20005

American School Food Service Association
1600 Duke Street, 7th Floor, Alexandria, VA 22314 (800)877-8822

American School Health Association
7263 State Route 43, PO Box 708, Kent, OH 44240 (216)678-1601

Association for the Advancement of Health Education
1900 Association Drive, Reston, VA 22091 (703)476-3437

Eastern district Association for Health, Physical Education, Recreation, and Dance

Future Homemakers of America (FHA/HERO)
1910 Association Drive, Reston, VA 22091

Home Economics Education Association
Central Washington University, Home Economics Department
400 East 8th Avenue, Ellensburg, Washington 98926 (509)963-2766

National Association for Girls and Women in Sports
1900 Association Drive, Reston, VA 22091

National Association of School Nurses
PO Box 1300, Scarborough, ME 04074 (207)883-2117

National Association for Sport and Physical Education
1900 Association Drive, Reston, VA 22091 (703)476-3412

National Association of State School Nurse Consultants

National Center for Health Statistics
3700 East-West Hwy Rm 1-57, Hyattsville, MD 20782 (301)436-8500

National Education Association/Health Information Network
1201 16th Street NW, Washington, DC 20036 (202)822-7570

Society for Public Health Education
2001 Addison Street, Suite 220, Berkeley, CA 94704 (415)644-9242

Society of State Directors of Health, Physical Education, and Recreation
9805 Hillridge Drive, Kensington, MD 20895 (301)949-0709

Massachusetts Professional Associations

City and Town Administrators of Physical Education (CTAPE)

Massachusetts Alliance for Comprehensive School Health Education and
HumanServices
c/o Kathy O'Connor, American Cancer Society, Massachusetts Division
247 Commonwealth Avenue, Boston, MA 02116 (617)267-2650

Massachusetts Alliance for Health, Physical Education, Recreation and Dance
(MAHPERD)

Massachusetts Association of Family and Consumer Sciences
c/o Christine Sweklo, 6 Frost Lane, Hadley, MA 01035 (413)549-0091

Massachusetts Association of Occupational Educators
c/o Richard Lawrence, 41 Pleasant Street, Hingham, MA 02043 (617)741-1566

Massachusetts Dietetic Association
6 Wilkins Drive, Suite 105, Plainville, MA 02762 (508)695-5456
(800)272-5456 (MA only)

Massachusetts School Nurses Association

Massachusetts Public Health Association

Private Voluntary and Other Organizations

Most of these publish and distribute health education materials.

Advocates for Youth

1025 Vermont Avenue, NW, Suite 210, Washington, DC 20005 (202)347-5700

American Cancer Society, 1599 Clifton Road, Atlanta, GA 30329 (404)329-

Massachusetts Division: 247 Commonwealth Ave., Boston, MA 02116
(617)267-2650

American Health Foundation

800 Second Avenue, 5th Floor, New York, NY 10017 (212)953-1900

American Heart Association

7320 Greenville Avenue, Dallas, TX 75231 (214)706-1356

Massachusetts Affiliate: 20 Speen Street, Framingham, MA 01701 (508)620-1700

American Lung Association

1740 Broadway, New York, NY 10019 (212)325-8728

American Red Cross

1709 New York Avenue, Suite 208, Washington, DC 20006 (202)662-1580

Comprehensive Health Education Foundation

22323 Pacific Highway South, Seattle, WA 98198 (206)824-2907

Education Development Center

55 Chapel Street, Newton, MA 02160 (617)969-7100

ETR Associates

PO Box 1830, Santa Cruz, CA 95061 (408)438-4060; (800)321-4407

National Center for Health Education

72 Spring Street, Suite 208, New York, NY 10021 (212)334-9470

National Center for Services Integration

National Coalition of Advocates for Students

100 Boylston Street, Suite 737, Boston, MA 02116 (617)357-8507

National Dairy Council

10255 W. Higgins Road, Suite 900, Rosemont, IL 60018 (708)803-2000

National Health/Education Consortium

Institute for Educational Leadership, 1001 Connecticut Avenue, Suite 310, Washington, DC 20036 (202)822-8405

National PTA

330 N. Wabash Ave., Suite 2100, Chicago, IL 60611-3690 (312)670-6782

National School Health Education Coalition

1400 Eye Street NW, Suite 520, Washington, DC 20005 (202)408-0222

New England Dairy Council

President's Council on Physical Fitness and Sports

450 5th Street, Suite 7103, Washington, DC 20001 (202)272-3424

Periodicals

Health Education Quarterly
Society for Public Health Education
2001 Addison Street, Suite 220, Berkeley, CA 94704 (415)644-9242

Journal of Health Education
Association for the Advancement of Health Education
1900 Association Drive, Reston, VA 22901 (703)476-3437

Journal of School Health
American School Health Association
P.O. Box 708, Kent, OH 44240 (216)678-1601

Internet Resources

Massachusetts Department of Education, <http://info.doe.mass.edu>
This Web site is a source for updates on the Massachusetts Curriculum Frameworks, Time and Learning, Assessment, and other state education reform issues. It provides links to national and other state education agencies.

Massachusetts Corporation for Educational Telecommunications (MCET)/Mass Ed Online (MEOL), <http://meol.mass.edu:70/0/WWW/MCET/HLhome.html>

This Web site is designed to provide information about the Massachusetts HealthLinks Project funded by the U.S. Department of Education Star Schools Program. It points to useful resources on a variety of life skills topics.

MEOL Massachusetts Comprehensive Health Curriculum Framework Discussion Group
meol.doe.healthframe

The National Health Information Center is a health information referral service.

<http://nhic-nt.health.org/>

Internet Health Resources Home Page provides access to practical health the fitness information and internet-wide health information.

<http://www.ihr.com/>

